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(Re	questor's Name)	
(Ad	dress)	
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SECRETARY OF STATE
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D. SCOTT OCT 21 2016

COVER LETTER

Division of Co					
	LLAR HOMES & CONSTRUC	CTION, LLC			
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
	ondence concerning this matter t				
	PAMELA YUTZY				
		Name of Person			
	YUTZY'S BUSINESS SOLUTIONS INC				
•		Firm/Company			
	1569 SHADOW RIDGE CIR				
		· Address			
		City/State and Zip Code	· 		
	pamelay28@conicast.net E-mail address: (t	o be used for future annual report notific	ation)		
For further information of	concerning this matter, please ca	•	75. 76		
PAMELA YUTZY		941 378-4171			
Name o	of Person	Area Code Daytime	Felephone Number SSEE, II		
Enclosed is a check for t	he following amount:		STA STA		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	ING ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	ability Company as it now appears on our records.) lorida Limited Liability Company)	
(A FI	lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L15000178012	ity Company were filed on OCTOBER 20, 2015	and assigned
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
SAND DOLLAR ENTERPRISES OF SRQ, LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	*	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		r the name of the n
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	P. Cl. H. Harris	SSE 20 E
•	Enter Florida street address	PSI E
	, Florida	の。 ψ 毎epde ω
		-

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		•
<u>Title</u>	Name	Address	Type of Action
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•			☐ Change
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Effective date, if other than the	date of filing:				_ (optiona	an 		
If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and ca	annot be prior to	date of filing or le statutory fil	more than 90 d	ays after fili	ng.) Pursua	int to 60:	5.0207 ted as
document's effective date on the De	partment of Sta	te's records.			,			
ne record specifies a delayed The 90th day after the reco	effective da ord is filed.	te, but not a	an effective	time, at 1	2:01 a.m	ι . on the	e earli	er of
OCTOBER 17		2016						
200	han a	111						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00