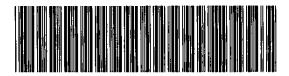
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SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT

COVER LETTER

Division of Cor	porations			
Sands D40.	3, LLC			
SOBJECT.	Name of Limite			
The enclosed Articles of	Amendment and fee(s) are submi	itted for filing.		
Please return all correspo	ndence concerning this matter to	the following:		
	Fred W. Mundie, Jr.			
		Name of Person		
	Fred W. Mundie, Jr., P.A.			
		Firm/Company		
	993 N Collier Blvd			
		Address		
	Marco Island, FL 34145			
		City/State and Zip Code		د . د
	fred@fmundie.com			SECO
	E-mail address: (to	be used for future annual repo	ort notification)	经图图
For further information c	oncerning this matter, please call	l:		ASS -
Fred W. Mundie, Jr.		239 394-3 at ()	072	FILED MOV -7 PM AHASSEE, F
Name o	f Person		Daytime Telephone Number	LED -7 PH 4: 14 ARY OF STATE ASSEE, FLORIDA
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified (e of Status &

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sands D403, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/21/2016}{1}$ and assigned Florida document number L16000176599 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the fixme of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Elizabeth K. Hahn	10645 Majesty Lane	□ A dd
		Painesville, OH 44077	Remove
			Change
AMBR	Elizabeth K. Hahn, Trustee	10645 Majesty Lane	⊒ Add
		Painesville, OH 44077	Remove
			Change
			Add
			□ Remove
			Change
			Add
			SECRETARY OF S
			FLORIDA Remove
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record specifies a delayed of the 90th day after the recor		ot an effective	time, at 12:01 a.	m. on the earlie	er o
November 3	2016				
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Page 3 of 3

Filing Fee: \$25.00