## 116000168689

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200297828752

04/21/17--01015--015 \*\*30.00



D. SCOTT APR 2 4 2017

## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT:	Name of Limite	ac ( ) n q	Homes 1	LLC
The enclosed Articles of Am	endment and fee(s) are subm	itted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	Bradl Sarch 3301 Sanf	Name of Person  Wary  Firm/Company  Address  Olity/State and Zip Code	the bries LL Are 32771	C
-	E-mail address: (to	be used for future annual report not	ification)	
For further information conce	erning this matter, please call	:		
Bradley	Stiffithe son		10 8 ne Telephone Number	<b></b>
Enclosed is a check for the fo	ollowing amount:			
d	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status & ()
Registratio Division of P.O. Box 6	Corporations	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations	M 7: 02  JF STATE FLORIDA

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

Sanctuary Tiny Homes LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Floridal Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
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 name 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 D
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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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 = Ma $AMBR = Au$	nnager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Righturn Inc	3301 Celery Ave	□ Add
	O	Sanford Fl	□ Remove
		32771	Change
MGR	Griffiths, Bradley	3301 Celery Ave	<b>□</b> Add
		Sanford, FY	□ Remove
		32771	Change
			Add
			Remove
			Change
			D Add
			Remove
			Change
			Add
			SE Remove
			SIEG Add
			Change F Change T O Remove
			Change

								<del></del>
			<del> </del>					
			•		•			
		<del></del>						
						<u>.</u>		
								<del></del>
		<del></del>	<del></del>					***
							· · · · · · · · · · · · · · · · · · ·	
	**************************************			· · · · · · · · · · · · · · · · · · ·				<del></del>
		<del></del>						
								<u> </u>
<del></del>								
octiva	date, if other than the da	to of fili	ina	D/8/2	Alla		(optional)	•
effecti	ve date is listed, the date must be the date inserted in this block	specific a	and cannot b	e prior to date	of filing or m	ore than 90 da	ys after filing	.) Pursuant to 605.0
	's effective date on the Depa				ашогу ппп	g requiremen	ns, this date	will not be listed
	d specifies a delayed e			ut not an	effective t	ime, at 12	:01 a.m.	on the earlier
ne st	Oth day after the record	1 15 11160	u,					-io E
ed	4-12-	. /	21	)/7				PEG.
ш	me al							RETAIN OF
	//S/W.\$\$Ti	r						8度2
						of a member		OF STATE

Page 3 of 3

Filing Fee: \$25.00