6000198166

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
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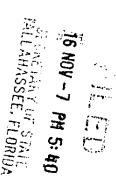
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COVER LETTER

то:	Registration S Division of Co			
SUBJI	Sandcastle	e Management, LLC		
IGAUE	ECI:	Name of Limi	ited Liability Company	
The en	closed Articles of	f Amendment and fee(s) are sub-	mitted for filing.	
Please	return all corresp	ondence concerning this matter t	to the following:	
		Austin B. Calhoun, Esq.		
			Name of Person	
		Jimerson & Cobb P.A.		
			Firm/Company	
		1 Independent Drive Suite	1400	
			Address	
		Jacksonville, Florida 32202	2	
			City/State and Zip Code	
		acalhoun@jimersoncobb.co	m o be used for future annual report notific	eation)
For fur	ther information	concerning this matter, please ca	•	sation)
Travoi	Lutz	<u>.</u>	239 404-0982 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	the following amount:		
□ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Sandcastle Management, LLC		
(<u>Name of the Limite</u> (.	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on October 28, 2016	and assigned
Florida document number L16000198166		
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the ab	breviation "L.IC."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<i>BOX</i>)	

		2 2
B. If amending the registered agent and/o	r registered office address on our records, enter	the name of the new
registered agent and/or the new registered offi	ice address here:	The second
	i i	S 3 (T)
Name of New Registered Agent:		i i i i i i i i i i i i i i i i i i i
New Registered Office Address:	in the second se	
TOWN TORONOLD STREET TRAILESS.	Enter Florida street address	<u> </u>
	. Florida	
	City	Zin Code

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Primrose Holdings, Inc.	2338 Immokalee Road	Add
-		Suite 174	□ Remove
		Naples, FL 34110	Change
AMBR	Travor Lutz	9150 Galleria Court	Add
		Suite 201	Remove
		Naples, FL 34109	Change
AMBR	Verna Lutz	9150 Galleria Court	Add
		Suite 201	■ Remove
		Naples, FL 34109	□ Change
			Add
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If an effect Note: If	e date, if other that tive date is listed, the date inserted in it's effective date on	ate must be specific a this block does no	and cannot be prior at meet the applic	to date of filing or mable statutory filing	ore than 90 days after t g requirements, this	nal) Eursuant	605.0207 (
The 9	Oth day after th	e record is file	d.		ime, at 12:01 a	.m. on the ea	rlier of:
Dated _	Novemb	ec 3	, 2016	<u>_</u> .			
				orized representative			

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Filing Fee: \$25.00