Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845) 425-0077

Fax Number : (845)818-3588

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

D47	Address:	
LEELL	ADDIORS:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANDALWOOD OPERATING, LLC

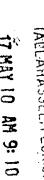
Certificate of Status	0
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MAY 11 2017

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Corporate Filing Menu

Help



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

,	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000006614	were filed on 01/10/2017	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liab	sility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L,L,C."
Enter new principal offices address, if applicable:	1001 South Beach Street	A A A A A A A A A A A A A A A A A A A
(Principal office address MUST BE A STREET ADDRESS)	Daytona Beach, FL 32114	X 2.
		- O
		0
Enter new mailing address, if applicable:	1001 South Beach Street	2 2
(Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach, FL 32114	9 9
		0 0
The TS 3! 4b 4.44 4 4 42 1	mce address on our records, <u>e</u>	inter the name of the r
B. If smending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	e: Enter Florida street address	
registered agent and/or the new registered office address her	e: Enter Florida street address	
registered agent and/or the new registered office address her	e:	iaZip Code
	e: Enter Florida street address, Florid	

If Changing Registered Agent, Signature of New Registered Agent

_□ Change

MGR = Manager

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

<u> Title</u>	Name	Address	Type of Action
			☐ Add
			☐ Rernove
			□ Change
		<u> </u>	□ Add
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tive date, if other than the date of fills	g:(optional) d eannot be prior to date of filing or more than 90 days after filing.	D
i if the date inserted in this block does not :	meet the applicable statutory filing requirements, this date:	will not be listed as the
nent's effective date on the Department of	State's records.	
north chariffee a delaward effective.	date, but not an effective time, at 12:01 a.m. (nnitha andlar at
e 90th day after the record is filed.	uate, but not an enective time, at 12:01 d.m. (all and solliet pi:
May 9	2017	
$\mathcal{O}(1, \mathbb{Z})$		
Signature of a	member or authorized representative of a member	
* : * * * * * * * * * * * * * * * * * *		

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Filing Fee: \$25.00