**Division of Corporations** 

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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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. \*\*

| 73      | Address: |  |  |  |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SANDALWOOD BUILDING, LLC

| Certificate of Status | iff. | 0       |
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| Certified Copy        |      | 0       |
| Page Count            |      | 04      |
| Estimated Charge      |      | \$25.00 |

**S Warren** 

Electronic Filing Menu

Corporate Filing Menu

Help MAY 1 1 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sandalwood Building, LLC   | ·#:   |  |  |
|--|---|--|--|
| (Name of the Limited Limited Compa<br>(A Florida Limited   | ny as it naw appears on our records.)<br>Liability Company)   |  |  |
| The Articles of Organization for this Limited Liability Company Florida document number L17000006899   | were filed on 01/11/2017 and assigned   |  |  |
| This amendment is submitted to amend the following:  |   |  |  |
| A. If amending name, enter the new name of the limited liab  | ility company here:   |  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | lity Company," the designation "LLC" or the abbreviation "L.L.C."   |  |  |
| Enter new principal offices address, if applicable:  | 1001 South Beach Street   |  |  |
| Principal office address MUST BE A STREET ADDRESS)   | Daytona Beach, FL 32114   |  |  |
|  |   |  |  |
| Enter new mailing address, if applicable:  | 1001 South Beach Street   |  |  |
| Mailing address MAY BE A POST OFFICE BOX)  | Daytona Beach, FL 32114   |  |  |
| Transfer tipe as many many and the article and |   |  |  |
|  | <u>(C</u>   |  |  |
| B. If amending the registered agent and/or registered of<br>registered agent and/or the new registered office address her  | flice address on our records, <u>enter the name of the ne</u><br>g:   |  |  |
| Name of New Registered Agent:  |   |  |  |
| •  |   |  |  |
| New Registered Office Address:   | Enter Florida street address  |  |  |
|  | , Florida   |  |  |
|  | City Zip Code   |  |  |
| Yew Registered Agent's Signature, if changing Registered Agent:  |   |  |  |
| hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office  | performance of my duties, and I am familiar <u>wi</u> th and or<br>provided for in Chapter 605, F.S. Or, Fifits document is |  |  |
| company has been notified in writing of this change.   | IARY<br>IASSE   |  |  |

If Changing Registered Agent, Signature of New Regulated

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

, ij

| MGR = M<br>AMBR = A | lanager<br>uthorized Member |                |                            |
|---------------------|-----------------------------|----------------|----------------------------|
| Title               | <u>Name</u>                 | <u>Address</u> | Type of Action             |
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| in effective date is listed, the date must be spents: If the date inserted in this block do. | of filing:<br>edic and cannot be prior to date of filing or more that<br>ea not meet the applicable statutory filing requi | 190 days after filing.) Fursions to 605.0207   |
| cument's effective date on the Departme  | ent of State's records,  | • • • • • • • • • • • • • • • • • • •          |
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| Signatu  |  | ,  |
| David Lesser   |  |  |
| • -  | Typed or printed name of signer  | MAY IO   |

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