L1700000 8402

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COVER LETTER

TO:

Tallahassee, FL 32314

	ration Section on of Corporations					
SUBJECT:	SAILBOAT	BEND	RESIDENCES imited Liability Company	LLC		
	•	Name of Li	imited Liability Company			
The enclosed Ar	rticles of Amendment a	and fee(s) are su	abmitted for filing.			
Please return all	correspondence conce	rning this matte	er to the following:			
		ANTI	40NY ORTIL Name of Person	,·		_
		0	Trume of Terson			
		<u>) HILBOHT</u>	- BEND RESIZ Firm/Company	XENCES	ZLL	-
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		OAKLAND	PARK / FL	<i>33334</i>		
			City/State and Zip Coo	de		2
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For further infor	mation concerning this	matter, please	call:			
ANI	HONY (TONY Name of Person) DETIZ	at (<u>454</u>) Area Code	<u>87/ -</u> Daytime To	7958. elephone Numbe	r
Enclosed is a che	eck for the following a	mount:				
□ \$25.00 Filin	-	Filing Fee & cate of Status	S55.00 Filing Fe Certified Copy (additional copy is o		Certified	ite of Status &
	Address:			Address:	o.p.	
_	ration Section on of Corporations			tration Section ion of Corporation		
	30x 6327			Centre of Tall		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

110

(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.)
(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>January 10</u>	and assigned
Florida document number <u>L1700000 B402</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
Data a market if applicables		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
William & William St. O. T. 100 - O. T. 10		
		. ~. ~
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter t</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City .	Zip 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 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>	Name	Address	Type of Action
MGR	IVETTE BOWERS.	3360 NE 17TH WAY	(\(\frac{1}{2}\)\Add
•		OAKLAND PARK FL 33334.	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			☐ Change
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		Signature of a	member or auth				