## L17000090211

(Requestor's Name)				
(Address)				
(Address)				
<b>,</b>				
(City/State/Zip/Phone #)				
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(Business Entity Name)				
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TO: Registration So Division of Co			r
SUBJECT:	JANDHILL SIM	re, LLC	·
	Name of Lim	ated Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	William	M. STAINTON,	Esq.
	MACFARLANE	FERCUSON & M	Munent &
	201 N. FR.	FERCUSON & M Firm/Company  ANKLIN STREET  Address	Muller 20 191 2: 39
	TAMPA FL	- 33662 City/State and Zip Code	2: 39
	WM5@ E-mail address: (	MACFAR, COM to be used for future annual report not	iification)
For further information of	concerning this matter, please co		
JUSTIN	GRALE	at (727) 643	3-1562
	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 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 Addre Registration	Section	<u>Street Address:</u> Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## TO ARTICLES OF ORGANIZATION OF

SANDHIL	L SITE LLC
(Name of the Limited Liability) (A Florida	v Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document numberL1700009021	ompany were filed on $04/21/2017$ and $1$ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
The new name must be distinguishable and contain the words "Lim	TLE LLC ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	(ESS)
Enter new mailing address, if applicable:	W 26 PM
(Mailing address MAY BE A POST OFFICE BOX)	PM 2: 39
	39
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

## 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 coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this debeing filed to merely reflect a change in the registered office address. I hereby confirm that the limited lia company has been notified in writing of this change.

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	<u>Тур</u> і
			2020 JUI
			JUH 26 P
			2020 JUH 26 PM 2: 39
			₹: <b>~</b> □
			Γ.

v. If amending any other billormation, the	er change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	2000 JUN 26
	PH 2: 39
<del></del>	
Effective date, if other than the date of (If an effective date is listed, the date must be specificable: If the date inserted in this block does document's effective date on the Department	fic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant not meet the applicable statutory filing requirements, this date will not b
cord is filed.	ut not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day
Dated JUNE 24th	2020
Inst	12 ran
Signature	e of a member or authorized representative of a member  CRRE  Typed or printed name of signee
JUSTIN	Typed or printed name of signee