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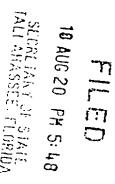
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COVER LETTER

aud in an				
SUBJECT	:	Name of Lim	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
Please return all correspondence concerning this matter to the following: Stacey Schacter				
			Name of Person	nytime Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy
	Sanctuary at Seagrove LLC Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Stacey Schacter Name of Person Twin Dune Estate LLC Firm/Company 174 Watercolor Way, Suite 103-268 Address Santa Rosa Beach, Florida 32459 City/State and Zip Code sschacter@bellsouth.net E-mail address: (to be used for future annual report notification) rither information concerning this matter, please call: by Schacter Name of Person Telephone Number sed is a check for the following amount: 15.00 Filing Fee Certificate of Status Certified Copy Contribing Fee Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy Certified Copy			
			Firm/Company	
		And the correspondence concerning this matter to the following: Stacey Schacter		
		-	Address	
		Santa Rosa Beach, Flore	ida 32459	
		Sanctuary at Seagrove LLC Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Stacey Schacter Name of Person Twin Dune Estate LLC Firm/Company 174 Watercolor Way, Suite 103-268 Address Santa Rosa Beach, Florida 32459 City/State and Zip Code sschacter@bellsouth.net E-mail address: (to be used for future annual report notification) dformation concerning this matter, please call: acter 1878 Name of Person Name of Person Area Code Daytime Telephone Number check for the following amount: check for the following amount: check for the following amount: Certified Copy Certificate of Status Certified Copy Certificate Of Status		
		-	Intent and fee(s) are submitted for filing. Intent and fee(s) are submitted fee(s) are	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	all:	
Stacey So	chacter			
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

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

Sanctuary at Seagrove LLC		
(Name of the Limited Li (A.F.	iability Company as it now appears on our records.) lorida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Liabili	ity Company were filed on November 7, 2017	and assigned
Florida document number L17000230457	·	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Twin Dune Estate LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	all beviation L.L.C."
Enter new principal offices address, if applicable	:	A B n
(Principal office address MUST BE A STREET A	DDRESS)	20
		FLOOR TO THE FORM THE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ente</u> address here:	er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Ciţ	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 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
			
			Remove
			□ Change
			Add
			□ Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or nature. If the date inserted in this block does not meet the applicable statutory filing document's effective date on the Department of State's records.	nore than 90 days after filing.) Pursuant to 6	 505.0: isted
he record specifies a delayed effective date, but not an effective. The 90th day after the record is filed.	time, at 12:01 a.m. on the ear	rlier o
Dated July 24 2018		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00