## L18000099388

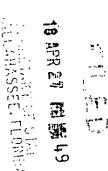
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J. LEGGETT APR 3 0 2018

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
OUD ID		RFER, LLC		
SUBJE	CT:		ted Liability Company	· ·
The enc	losed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		WADE BOYETTE		
			Name of Person	3 O - 10 O
		BOYETTE, CUMMINS &	NAILOS, PLLC	
			Firm/Company	<del>,,,,</del>
		1635 E. HIGHWAY 50, SU	ЛТЕ 300	
			Address	
		CLERMONT, FL 34711		
			City/State and Zip Code	<del></del>
		AGUERNSEY@BCNLAW		
			o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	111:	
AMY (	GUERNSEY		at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e 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 ADDRESS:

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

SANDS SURFER, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/19/2018}{2}$ and assigned Florida document number \_ L18000099388 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SAND SURFER, LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

## 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
MBR	ALEXANDER M. HOWELL		15502 STONEYBROOK WEST PKWY.	Add
		$\rightarrow$	SUITE 104-454	☐ Remove
			WINTER GARDEN, FL 34787	☐ Change
MBR	JEFFREY D. ADAMS		3960 COASTAL HIGHWAY	Add
			UNIT D	□ Remove
			ST. AUGUSTINE, FL 32084	E Change
				Remove
				Change
				Remove
				☐ Change
				Remove
				Change
				Add
				Remove
				Change

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ite: If the date inserted in this block	specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.03 ling requirements, this date will not be listed
record specifies a delayed e The 90th day after the record		e time, at 12:01 a.m. on the earlier
ted APRIL 26	2018	

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Filing Fee: \$25.00