

L18000162956

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF JOHN E MOORE, III, PLLC
Account Number : I20140000039
Phone : (772)234-8344
Fax Number : (772)234-8339

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jmoore@moorelawvero.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SPARROW COMMUNITIES II LLC

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T. CLINE

DEC 20 2018

EXAMINER

2018 DEC 19 PM 1:22
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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SPARROW COMMUNITIES II LLC**_____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John E. Moore, III

Name of Person

Law Offices of John E. Moore, III, PLLC

Firm/Company

3240 Cardinal Drive, Suite 200

Address

Vero Beach, FL 32963

City/State and Zip Code

jmoore@moorelawvero.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John E. Moore, III

at (772) 234-8344

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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2018 DEC 19 AM 8:39

FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SPARROW COMMUNITIES II 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 7/5/18 and assigned
Florida document number L18000162956.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

City, **Florida** *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

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Brian M. Lynch	1920 S. W. Crane Creek Avenue	<input type="checkbox"/> Add
		Palm City, FL 34990 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kevin M. Lynch	W 6052 Irish Lane	<input type="checkbox"/> Add
		New Glarus, WI 53574 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brendan M. Lynch	449 W. 46th Street, Apt. #12	<input type="checkbox"/> Add
		New York, NY 10036 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Maureen P. Brewster	W298 N569 Kings Way	<input type="checkbox"/> Add
		Waukegan, WI 53188 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2018 DEC 19 AM 8:39
STONY PT SAIL
CLANDESTINE LABOR

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated December 19, 2018

Michael L Lynch

Signature of a member or authorized representative of a member

Michael K. Lynch

Typed or printed name of signee