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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: San	d Piper D	Docks LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Eddward	Sellmann Name of Person	
	Sand F	Piper Docks LLC Firm/Company	, ,,
	1502 Sev	ens Ave. Address	
	Deland	FL 32720 City/State and Zip Code	
	Spts /	982@gmail.com to be used for future annual report notifi	cation)
For further information cor	ncerning this matter, please co	ıll:	
Edward Name of	Sellmann Person	at (<u>386</u>) <u>Ll(32</u> – Area Code Daytime	2335 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 (addition) (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

FILED

Sand Piper Do (Name of the Limited Liab) (A Florid	cks 110	2018 DE	C13 PM 1:09
(Name of the Limited Liabi	lity Company as it now appear da Limited Liability Company)	rs on our records.)	WALST STATE
			- 4h
The Articles of Organization for this Limited Liability	Company were filed on 🔟	Valenbur 2	and assigned
Florida document number <u>L 1 8000 1821 2.0</u>	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company ho	e <u>re</u> :	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the c	lesignation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	<u></u>		
	-		
Enter new mailing address, if applicable:			<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			
	<u> </u>		
B. If amending the registered agent and/or regi	ictored affice address or	a our roopeds o	nton the name of the new
registered agent and/or the new registered office ad		i our recorus, <u>e</u>	nter the name of the new
Name of New Registered Agent:	Hid V	Alfred	Bostick
New Registered Office Address:			
	Enter Flor	rida street address	
	Ciry	, Floric	la Zip Code
	ciù		zap Couc

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
MGR	Alfred Bostick	2113 Sw 6th Street, Ocala FL 34471	_Æ] Add
			🗆 Remove
	·	Change	
		🗆 Add	
			□ Remove
			□ Change
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			☐ Change

	
(If an et : <u>Note</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	Darember, 29 20/8
Dated	
Datec	Fdward C. Sellmann Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00