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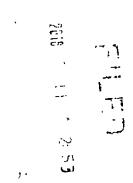
(Reque	estor's Name)	
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(City/S	tate/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Dосш	ment Number)	 - · · · · · · · · · · · · · · · · · ·
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D. SCOTT DEC 2 0 2018

COVER LETTER

	Registration Se Division of Cor			
eun iez	Siesta Key			
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Katherine Sprague		
			Name of Person	
			Firm/Company	
		1178 Rutherglen Dr		~~1
		****	Address	======================================
		Columbus, Ohio 43235		· -
			City/State and Zip Code	
		rms031@aol.com	to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please ca		<i>ी</i> । च
	e Sprague		614 906-0217	Y•
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Sectio Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siesta Key Sands LLC		
(<u>Name of the Limited Liability</u> (A Florida	Company as it now appears on our record Limited Liability Company)	<u>ls,)</u>
The Articles of Organization for this Limited Liability Co	ompany were filed on 11/19/18	and assigned
Florida document number £18000269038	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·
		75)
Enter new mailing address, if applicable:	- ·- ·	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u></u>
		12.
B. If amending the registered agent and/or registered agent and/or the new registered office address.		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
		orida
	City	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>	Name	Address	Type of Action
MGR	Ryan Sprague	1178 Rutherglen Dr Columbus Ohio 43235	
			■ Remove
			□ Change
MGR	Katherine E. Sprague	1178 Rutherglen Dr Columbus, Ohio 43235	■ Add
			☐ Remove
			☐ Remove
		☐ Change	
			pógg . J
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be a Note: If the date inserted in this block does not meet the approximent of State's recomment's effective date on the Department of State's	prior to date of filing or me oplicable statutory filing	(optional) ore than 90 days after filing.	ین Pursuant to 605.0207
e record specifies a delayed effective date, but The 90th day after the record is filed.	t not an effective ti	me, at 12:01 a.m. (on the earlier of:
Katherine Sprague Katherine Sprague Typed or 1	authorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00