## LZO 000068547

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SECRETARY OF STATE

MAR 2 7 2010

## **COVER LETTER**

Division of Corpor	ations		
suвject: <u>Sa</u> л	ndy Bay Name of Limit	Development, ted Liability Company	LCC.
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Sandy B.	Andusky Name of Person  Ay Developmen Firm/Company  Mock Hill Address  4 33547	nt, ccc
-	Scott_Sand	City/State and Zip Code  (USKY & Yahoo o be used for future annual report not	. COM
For further information conc			
Derek Name of Pe	Sandusky erson	at ( <u>614</u> ) <u>59</u> 9 Area Code Daytin	7-3388 ne Telephone Number
Enclosed is a check for the for	ollowing amount:		
\$25.00 Filing Fee	S30.00 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:

TO:

**Registration Section** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 3-2-202  Florida document number	O and assigned
A. If amending name, enter the new name of the limited liability company here:	
The state of the state of a second will initial liability Community the designation will Constitute of the state of the st	
The new name must be distinguishable and contain the words "Elimited Liability Company," the designation "ELC" of the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2020 H
Enter new mailing address, if applicable:	IR I G
(Mailing address MAY BE A POST OFFICE BOX)	# 2: 36
B. If amending the registered agent and/or registered office address on our records, enter the pagent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:  Finter-Plorida street address	
, Florida	a Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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
AMBR	Derek Sandusky	6011 Hammock Hill Ne	_ Badd
	,	6011 Hammock Hill Ne Lithia, FL 33547	□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
		AHASSEY AHASSEY	-RAdd T
		SELORISK	Change  Change  Remove  Change
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out correctly when I originali	till this	<del></del>
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	ASSE	5
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more to te: If the date inserted in this block does not meet the applicable statutory filing resoument's effective date on the Department of State's records.  The determinant of State's records.  The determinant of State's records.	quirements, this date will not	be listed as
is filed.		
7070		
Signature of a member or authorized representative of a  Dere K Sandusky  Typed or printed name of signer		

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