(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section
Division of Corporations

SANCTU SUBJECT:	JARY HOLDINGS OF FLORID	A, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	STACY SMALL				
		Name of Person			
	SMITH THOMPSON SHAW				
		Firm/Company			
	3520 THOMASVILLE RO	3520 THOMASVILLE ROAD - 4TH FLOOR Address			
	TALLAHASSEE, FL 3230	TALLAHASSEE, FL 32309 City/State and Zip Code			
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please c	all:			
STACY SMALL		850 893-4105			
Name	e of Person		ne 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	SANCTUARY HOLDINGS OF FLORE		
(Name of the Lin	mited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited	Liability Company were filed on11	/24/2020	and assigned
lorida document number L20000361177	·		ŭ
his amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli			
Principal office address MUST BE A STRE			····
			<u> </u>
nter new mailing address, if applicable:			
	₹ <i>BOX</i>)		;
Mailing address MAY BE A POST OFFICE	E BOX)		:
	E BOX)		
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office address on our re	cords, enter the name	of the new regist
Mailing address MAY BE A POST OFFICE The second se	registered office address on our re	cords, <u>enter the name</u>	of the new regist
Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or gent and/or the new registered office address.	registered office address on our re ess here:	cords, enter the name	· •
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Mailing address MAY BE A POST OFFICE . If amending the registered agent and/or gent and/or the new registered office address.	registered office address on our re ess here: THOMAS KIRKLAND 2955 PINE VALLEY DRIVE	cords, enter the name	of the new regist
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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	BENNY CHASTAIN	3161 CLUB DRIVE	
		MIRAMAR BEACH, FL 32550	■Remove
			□Change
			□Add
			□Remove
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	·		□Adđ
			□Remove
			Change
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	ated JUNE 1 2021
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THUMAS KIRKLAND, MANAGER	THOMAS KIRKLAND, MANAGER

Filing Fee: \$25.00