L24000714126

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COVER LETTER

	Registration Section Division of Corpor			
SUBJEC"	r: <u>Sa</u>	nd castles Vacat	ion Rentals, LIC	
		Name of Limi	ited Liability Company	
The enclos	sed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please retu	urn all corresponde	ence concerning this matter	to the following:	
		Jamie L	. Martina Name of Person	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			Name of Person Stles Vacation Rental Firm/Company	5
			Sland Drive Suite 7	
			Point FL 32328 City/State and Zin Code	
	-		City/State and Zip Code Sand castles vacation rentals. To be used for future annual report notification	<u> </u>
For furthe	r information conc	erning this matter, please ca		''
	Janie L	. Martina	at (850) 670 - 10	985
	Name of Pe	rson	Area Code Daytime Telep	phone Number
Enclosed i	is a check for the f	ollowing amount:		
S U \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Mailing Address: Registration Sec	tion	Street Address: Registration Section	
Ţ	Division of Corp		Division of Corporat	
F	P.O. Box 6327		The Centre of Tallah	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sand castles Vacation	Rentals LLC	
(Name of the Limited Clability Comp. (A Florida Limited	Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000214126</u> .	were filed onM	M 1, 2024 and assigned
This amendment is submitted to amend the following:	submitted to amend the following: Ame, enter the new name of the limited liability company here: distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." al offices address, if applicable: 29 IS and Drive, Suite 7 Eastpoint 1232328 diress MUST BE A STREET ADDRESS) address, if applicable: POBOX 121 Eastpoint 12 32328 ANY BE A POST OFFICE BOX) e registered agent and/or registered office address on our records, enter the name of the new registered ew registered office address here: New Registered Agent: stored Office Address:	
A. If amending name, enter the new name of the limited liab	(Name of the Limited Liability Company) as it now appears on our records.) (A Florida Limited Liability Company) The set of Organization for this Limited Liability Company were filed on	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	29 Island [Drive, Suite 7 Eastpoint 12323
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable:	POBOX 121 1	Eastpoint Fi 32328
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

 \mathcal{C}

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 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	Jani Kay- Hutchinson	29 Island Drive, Suite 7 Eustpoint	132312 Add
	·		Remove
			□ Change
			□Add
			□Remove
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Effective (ate, if other ti	han the date of i	filing:			(option		
Note: If th	e date inserted i	in this block does	not meet the app	plicable statute			ing.) Pursuant to 605 ate will not be liste	
document's	effective date of	on the Department	of State's reco	rds.				
e record sp	cifies a delayed	Leffective date: bu	t not an effectiv	ve time at 12:0	Olam on the e	earlier of: (b)	The 90th day after	r the
rd is filed.	erries a delayed	circuive date, bu	t not an effectiv	re time, at 12.	or a.m. on the c	arner or, (b)	The Four day area	
Dated	5/31	May 31	_, <u>202</u>	<u>.</u>				
		\bigcap		Mana:				
		Signature	Yu X of a member or a	uthorized repre	sentative of a me	mber		