## 112000041541

(R	Requestor's Name)	
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(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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D. SCOTT JAN 4 2017

## **COVER LETTER**

то:		istration Sec ision of Corp		•	
cunu	CCT-	SUN CITY I	BUILDERS, LLC		
SUBJI	LCI:		Name of Limi	ted Liability Company	
The en	closed	l Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please	return	all correspon	dence concerning this matter t	to the following:	
			NORMAN BRYAN		
				Name of Person	
				Firm/Company	
			4660 HERCULES AVE		
				Address	
			JACKSONVILLE, FL 322	10	
			<del></del>	City/State and Zip Code	
			NJBELP@GMAIL.COM		
			E-mail address: (t	o be used for future annual report notific	ation)
For fu	rther is	nformation co	ncerning this matter, please ca	ıll:	<u> </u>
NOR	MAN	BRYAN		915 593-6827 at ()	TO LET TO
		Name of	Person	Area Code Daytime T	elephone Number
Enclos	sed is a	a check for the	e following amount:	,	in the second se
□ \$2	.5.00 F	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 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

SUN CITY BUILDERS, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L12000041541	y were filed on MARCH 26, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
inc.	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C"
Euter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A
registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida street address
	City , Florida Zip Code G
New Registered Agent's Signature, if changing Registered Agent	ti time to the second s

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
AMBR	NORMAN BRYAN	4660 HERCULES AVE	
		JACKSONVILLE, FL 32210	□ Remove
			■ Change
MGRM	JUSTIN PEREZ	4660 HERCULES AVE	■ Add
		JACKSONVILLE, FL 32210	☐ Remove
			Change
			Add
			☐ Remove
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			Add
			Remove
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			☐ Remove
			☐ Change

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Filing Fee: \$25.00