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| (Requestor's Name) | | | | |
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| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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| TO: Registration Se Division of Cor | | | | | |
|--|--|---|-----------------|------------------|----------------|
| CUDIECT. | Sunshine | State Villas LLC | | | |
| SUBJECT: | Name of Limi | ted Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | nitted for filing. | | | |
| Please return all correspo | ndence concerning this matter t | to the following: | | | |
| | | T B Woodward | | | |
| | | Name of Person | | • | |
| Sunshine State Villas LLC | | | | | |
| | Firm/Company | | | | |
| | 16354 Saint Augustine Street | | | | |
| | Address | | | | |
| | Clermont, Florida. 34714 | | | | |
| | | City/State and Zip Code | | | |
| woody238@gmail.com | | | | 201 | |
| | | o be used for future annual report notifica | ition) | 2015 APR 24 | 1 |
| For further information c | oncerning this matter, please ca | dl: | | R | Sections. |
| T E | 3 Woodward | 352 708 - 4235 | | #44 (| PASE |
| Name o | f Person | Area Code Daytime T | elephone Number | 7 | हुर आकर्म स |
| Enclosed is a check for the | ne following amount: | | | STATE FLORIBA | Conserva |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & | |

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

| | Sunshine State | | |
|---|---|--|---------------------------|
| (<u>Name of the Lim</u> | (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited I Florida document number <u>L14000103443</u> | and assigned | | |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | pility company here: | |
| | | Sunshine State Villas LLC | |
| The new name must be distinguishable and end with the | words "Limited Lial | bility Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | SAME AS PREVIOUS | |
| (Principal office address MUST BE A STREET ADDRESS) | | : | |
| | | | 7 |
| Enter new mailing address, if applicable: | | SAME AS PREVIOUS | 224 1888 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | | , | 3 3 |
| B. If amending the registered agent and registered agent and/or the new registered of | | | ter the name of the nev |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | <u> </u> | Enter Florida street address | |
| | *************************************** | , Florida | |
| | | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| <u>itle</u> | <u>Name</u> | | | <u>Address</u> | Type of Acti |
|-------------|-------------|---|-----------|----------------------------|--|
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| D. If | amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A | | | |
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| (Th | fective date, if other than the date of filing: | | | |
| | ted 04/21/2015 | | | |
| De | The Color | | | |
| | Signature of a member or authorized representative of a member | _ | | |
| | T.R. indeed 1400 | | | |
| | Typed or printed name of signee | | | |
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