L17000153756

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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SECRETARY OF STATE
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. COVER LETTER

| Division of Corp | porations | | |
|-----------------------------|---|---|--|
| SUBJECT: + log | ida Property (| Tantenance of ited Liability Company | the Suncoast 11c |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Michele | Name of Person | |
| | florida gra | Re(ty maintenance Firm/Company | e Of the Suncoast 110 |
| | 730 14th a | Ne SW Address | |
| | 106 go; fl fpm of the | 33770 City/State and Zip Code SunCoast @ yahoo o be used for future annual report notif | o. Com ication) |
| For further information co | oncerning this matter, please ca | ill: | |
| Michele M Name of | Person | at (<u>727</u>) <u>667 - 2</u> Area Code Daytime | 2296 : Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | (Ef \$30.00) 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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

STREET/COURIER ADDRESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Property Maintenance of the Suncoast 11c (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| '' | | · Campany / | | |
|--|----------------------------|----------------|------------------------|---|
| The Articles of Organization for this Limited Lia Florida document number <u>L17000153756</u> | | filed on | 7-18-17 | and assigned |
| This amendment is submitted to amend the follow | ving: | | | |
| A. If amending name, enter the new name of | the limited liability co | ompany he | <u>re</u> : | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Con | npany," the de | rsignation "LLC" or th | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | 1 CT CT CT CT CT CT CT CT |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ——————————————————————————————————— | | address on | our records an | The name of the new |
| B. If amending the registered agent and/or registered agent and/or the new registered off | | idaress on | our records, en | ter the name of the nev |
| Name of New Registered Agent: | Michele | MILO | | |
| New Registered Office Address: | | Enter Flori | da street address | |
| | | | Florida | · |
| | C | ity. | | Zip Code |
| New Registered Agent's Signature, if changing Ro | egistered 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.

Mukele Mulo

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 |
|--------------|-----------------|-----------------|----------------|
| MGR | Keisey R Harper | 73014th ave SW | |
| | | largo, (1 33770 | Œ Remove |
| | | | Change |
| MGR | Michele L Milo | 730 14th are Sw | IZ Add |
| | | 10500, F1 33770 | ☐ Remove |
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| If an e Note. | tive date, if other than the date of filing: | nt to 605.0 I be listed |)207 (3 d as th |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the | earlie | r of: |
| | e 90th day after the record is filed. | | |
| Th | | | |
| Th | H 10-14-17 october 19 th 2017. Hely My Signature of a member or authorized representative of a member | | |

Page 3 of 3

Filing Fee: \$25.00