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COVER LETTER

TO: Registration Section

Division of Cor	porations				
	AND STORE DELRAY BEAC	TH, LLC'			
SUBJECT:	Name of Lim	ited Liability Company		•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOHANNES KROEZE				
		Name of Person		-	
	SUNS OUTDOOR LIVIN	G FLORIDA LLC			
		Firm/Company	-		
	7632 Martino Cir			2021	
		Address			12
	Naples, FL 34112			=	Ī
	mlorow@akdconsultants.cc	City/State and Zip Code		2021 JAN 11 PH 3: 25	į
	E-mail address: (to be used for future annual report not	ification)	25 PARE 25	
For further information c	oncerning this matter, please c	all:			
Maxwell Lorow		561 767-3020 at ()			
Name o	f Person	Area Code Daytin	ie Telephone Numb	per	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	Filing Fee, cate of Status & ed Copy hal copy is enclosed)	
Mailing Address Registration 9		Street Address: Registration Se	ection		
Division of C P.O. Box 632		Division of Co The Centre of	•		
Tallahassee, 1		2415 N. Monro		810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNS BRAND STORE DELRAY BEACH, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000253212</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SUNS OUTDOOR LIVING FLORIDA LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7632 Martino Cir	
Principal office address MUST BE A STREET ADDRESS)	Naples, Fl. 34112	2021 T/
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		OF STATE
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la 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 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
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			□ Remove
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