

4/22/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: NS@NICKSPRADLIN.COM

2021 APR 26 PM 3:56

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNCOAST VALLEY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

FILED
21 APR 26 PM 3:36
STATE
FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNCOAST VALLEY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/04/2021 and assigned Florida document number L21000061052.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1401 NE 123RD STREET

(Principal office address MUST BE A STREET ADDRESS)

N. MIAMI FLORIDA 33161

Enter new mailing address, if applicable:

1401 NE 123RD STREET

(Mailing address MAY BE A POST OFFICE BOX)

N. MIAMI FLORIDA 33161

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address:

Florida

City

Zip Code

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Mark P. Lewis	1401 NE 123RD STREET	<input checked="" type="checkbox"/> Add
		N. MIAMI FLORIDA 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Luan Quadros Jacon Ziani	1401 NE 123RD STREET	<input checked="" type="checkbox"/> Add
		N. MIAMI FLORIDA 33161	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

