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COVER LETTER

5102 SUNSET VILLAGE, LLC SUBJECT:	
SHR IFCT:	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KENNETH MCCOY	
Name of Person	
MCCOY & ESPINOZA,P.A.	
Firm/Company	
15271 N W 60TH. AVE., STUITE 201	
Address	
MIAMI LAKES, FLA. 33014	
City/State and Zip Code	
KMCCOYPA@BELLSOUTH.NET	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
KENNETH MCCOY 305 698-9001 at ()	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee S30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Certified Copy (additional copy is enclosed)	of Status &
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810)

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

5102 SUNSET VILLAGE, LLC

2022 HAR | | AM 10: 52

(<u>Name of the Limited Liab)</u> (A Flori	da Limited Liability Company)	SEURETARY DE STATE
(A Flori The Articles of Organization for this Limited Liability	Company were filed on FEBRU	JARY 2, 2022
		and assigned
Florida document number 1.22000056201	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
5007 SUNSET VILLAGE, LLC.		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ds, enter the name of the new registere
agent and/or the new registered office address here:	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida și	treet 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 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	SAMUEL COROLLA JR.	2812 N W SAINT LUCIE LANE.STUART.FL. 3499	4 ■ Add
			□Remove
			Change
			□Add
			🗆 Remove
			_ □Change
			□ Add
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 e: If the date inser 	er than the date of fi d, the date must be specific ted in this block does n date on the Department	ot meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605.02 vill not be listed :
eord specifies a del filed.	ayed effective date, but	not an effective tin	ne. at 12:01 a.m. on	the earlier of: (b) The	90th day after th
ed <u>/ 3/1</u>	/22				
/	Signature of	of a member of author	ized representative of	a member	