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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

| TO: Re | gistration Se vision of Cor | ection porations | | | | |
|---------------|--------------------------------|---|---|----------------|---|---|
| CUDIECT. | 104 Jerez C | Court LLC | | | | |
| SUBJECT: | · | Name of Limi | ted Liability Company | | - | |
| The enclose | d Articles of | Amendment and fee(s) are subr | nitted for filing. | | | |
| Please retur | n all correspo | ondence concerning this matter t | to the following: | | | |
| | | Donald J Weiss, Esq | | | | |
| | | | Name of Person | | | |
| | | Donald J Weiss Esq PC | | | | |
| | | | Firm/Company | | | |
| | | 6 Hilloch Lane | | | | |
| | | | Address | | | |
| | | Chadds Ford PA 19317 | | <u> </u> | ქ _ა 28 | |
| | | | City/State and Zip Code | <u></u> | 2015 JUN SECRED | П |
| | | r.kane@weisstax.com | | <u> </u> | | - |
| For further i | information c | E-mail address: (to oncerning this matter, please ca | o be used for future annual report notificall: | - | JUN 23 PO | |
| Donald We | iss | | 610 459-1700 at (| רכאזכ | STATE L | U |
| | Name o | f Person | | Telephone Nume | Ser | |
| Enclosed is | a check for th | ne following amount: | | | | |
| \$25.00 I | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certific | Filing Fee, cate of Status ed Copy nal copy is enclo | |

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

| 104 Jerez Court LLC | | |
|---|--|----------------------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appears on our reconited Liability Company) | rds.) |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L15000039841</u> | pany were filed on March 4, 2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| 501 Sunshine LLC | | |
| he new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS | C) | |
| THE DE A STREET ADDRESS | <u> </u> | 20 S |
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| Inter new mailing address, if applicable: | | 23 <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | |
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| | | STATE C |
| 3. If amending the registered agent and/or registered | | ds, enter the name of the |
| egistered agent and/or the new registered office address | <u>here</u> : | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| new registered Office Address. | Enter Florida street addr | ess |
| | r | 71 |
| | | Florida 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = | Manager 🕝 | | ٠. |
|-------|------------|------|-----|
| AMBR= | Authorized | Memb |)eı |

| . Title | <u>Name</u> | Address | Type of Action |
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Typed or printed name of signee

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