## L15000039841

(Re	questor's Name)	
(Ad	dress)	·
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(Cit	ty/State/Zip/Phone	#)
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## **COVER LETTER**

	I501 Sunsh	ine LLC		
UBJECT: _		Name of Lim	nited Liability Company	
he enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return a	all correspo	ndence concerning this matter	to the following:	
		Donald J Weiss		
			Name of Person	···
		Donald J Weiss Esquire PO	3	
			Firm/Company	
		6 Hilloch Lane		
			Address	· · · · · · · · · · · · · · · · · · ·
		Chadds Ford PA 19317		
			City/State and Zip Code	
		r.kane@weisstax.com		·
or further inf	ormation co	oncerning this matter, please ca	to be used for future annual report notif all:	eanon)
Donald J Weis	SS		610 459-1700	
	Name of	i Person	at () Area Code Daytime	Telephone Number
Enclosed is a c	check for th	e following amount:		
\$25,00 Fil	ing Fee	☐ \$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 enclose

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

1501 Sunshine LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our rited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Bristol Ponte Vedra Real Estate LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		\$5 W
		SST P TI
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	OR I 6
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		cords, enter the name of the ne
registered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	address
	City	_, 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 or removed from our records:	being added
MGR = Manager AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
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D. If amending any other inform					_
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Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this document's effective date on the	te date of filing: ust be specific and cannolock does not meet to	the applicable statuto	ing or more than 90 day ry filing requiremen	(optional) ys after filing.) Pursuant to 60 ts, this date will not be lis	05.0207 (3)( sted as the
the record specifies a delayed) The 90th day after the re		, but not an effec	ctive time, at 12	:01 a.m. on the earl	ier of:
Dated July 28	20	015		As 5	
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<del>-</del>	Signature of a memb	per of authorized repres	entative of a member	五世 2	THE REAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADDRESS OF THE P
		Don Taylor		R. R.	
	Тур	ed or printed name of si	gnee	2) 16 STATI	

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Filing Fee: \$25.00