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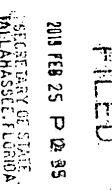
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COVER LETTER

Division of Corporations			
SUBJECT: MA	PDEIRA SUM/N Name of Limit	27 St. DevelopMen and Liability Company	vt, 12C
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Eve (7)	Name of Person	
-		Firm/Company	<u> </u>
-	PO Box	22782 Address	
-		City/State and Zip Code Outlook. COM o be used for future annual report notific	
For further information conce			
Eveltur V. Name of Per	V455,/ev	at (727) 481- Area Code Daytime	- 9616 Telephone Number
Enclosed is a check for the fe	llowing amount:		
\$25.00 Filing Fee	S30,00 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 enclosed)

MAILING ADDRESS:

Registration Section

TO:

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

MADEIRA SUNR	Se Developk ed Liability Company as it	ieit, LL	C
(Name of the Limite	ed Ciability Company'as it (A Florida Limited Liability	now appears on our reco Company)	ords.)
The Articles of Organization for this Limited Li Florida document number	ability Company were fi 15480	iled on <u>02/26</u>	$\frac{\sqrt{2004}}{2004}$ and assign
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and contain the we	ords "Limited Liability Com	pany," the designation "L	.LC" or the abbreviation "L.L.C
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	<u>T ADDRESS)</u>		015
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	ASSEE, FLORIDA	25 D
B. If amending the registered agent and/or registered agent and/or the new registered of	8	idress on our reco	rds, <u>enter the name of</u>
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street add	Iress
			Florida
	Cit		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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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 b or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of
MGR	ALPHA, LLC	POBOX 22782 ST. PETERSBURG, FL 337	_ X Add 42
			□ Remo
			Chang
MGR	Evelipa V. VASSilev	2034 PANGlewood DR ME ST. PETERSBURG, FL 33702	🗆 Add
	ST. PETERSBURG, FL 33702	2 Remov	
		0-2-4-0-08	Change
MBR	EVELTIMA V. VASSILEV	POBOX 22782 57. PETERSBURG, FL 33742	Add `
			□ Remove
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Note: If the date	f other than the date of files listed, the date must be specific inserted in this block does not tive date on the Department of	ot meet the applicable stat	of filing or more than 90 day	(optional) s after filing.) Pursuant to 605.0 s, this date will not be listed
•	cifies a delayed effective y after the record is file		ffective time, at 12	:01 a.m. on the earlie
Dated	02/26 Tula	2019.		
	Gula Signature of	V. Vanda f a member or authorized rej	2 presentative of a member	
	Eve	Typed or printed name	55, leV	

D.

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