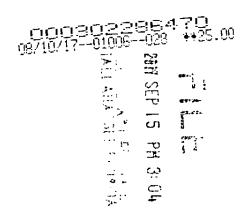


(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	II III MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
Office Hee Only	ļ







SEP. HARRIE

COVER LETTER

TO: Registration Section Division of Corporations	
Central Sun's Properties, LLC	
SUBJECT: Name	T Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this	natter to the following:
<u> </u>	any Catok Name of Person
(O	Hal Buns Magarthes LC
P.O. bo	(56335
st lete	156018 F(33732
. Mcal	City State and Zip Code
	dress: (to be used for future annual report notification)
For further information concerning this matter,	leașe call:
Name of Person	at (727) 388.4213 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	S S55.00 Filing Fee & □ \$60.00 Filing Fee.
\$25.00 Filing Fee S30.00 Filing Fee Certificate of \$	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COURTER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Central Sun's Properties LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Company rida Limited Lis	y as it now appears on our rability Company)	ecords.)	
The Articles of Organization for this Limited Liability Florida document number L05000028841	Liability Company were filed on 03.21.2005 and assigned			
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the I	<u>imited liabil</u>	ity company here:		
The new name must be distinguishable and contain the words "I	Limited Liabifit	y Company," the designation	"LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		5910 Bayou Grande Blv.	NE	
(Principal office address MUST BE A STREET AD	DRESS)	St Petersburg FL 33703	p	(<u>)</u>
		-	` }-	S
			Par	77 654
Enter new mailing address, if applicable:			<u> </u>	CU F
(Mailing address MAY BE A POST OFFICE BOX)				70 1.
Emaing utants SETT BE AT 031 OF TICE BOX)	-			ယ
		-,		
B. If amending the registered agent and/or re registered agent and/or the new registered office a			cords, <u>enter the n</u>	ome of the no
Name of New Registered Agent: Ma	ıry Catok			
New Registered Office Address: 591	10 Bayou Grai	nde Blvd NE		
Inchi (tegistered office / tegics).		Enter Florida street a	address	
St	Petersburg	, Florida <u>33703</u>		
		City	Zip Code	
New Registered Agent's Signature, if changing Registe	ered Agent:			
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and				

If Changing Registered Agent Signature of New Registered Agent

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

r removed 1GR = + N	from our records:	, ,	
MBR = A	Authorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
IGRM	David S. Warman		Add
		5025 333rd Ter N, St Petersburg Fl	I ■ Remove
			□ Change
			Add
			C Remove
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			Change
			☐ Remove
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			<u> </u>
			Remove To
			Change ;
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			□ Change

. If amending any other information	. enter change(s) here: (Attach additional sheets, i	f necessary.)
		
		
		,
Effective date, if other than the date (If an effective date is listed, the date must be space). If the date inserted in this block discomment's effective date on the Department.	secific and cannot be prior to date of filing or more than 90 days oes not meet the applicable statutory filing requirements	optional) safter filing.) Pursuant to 605,0207 (3 s, this date will not be listed as th
The 90th day after the record i	ective date, but not an effective time, at 12: s filed.	01 a.m. on the earlier of:
Dated Joly 14, 2017	2017	
	Jan)	7947
Signa	ture of a member of ambarized representative of a member	
Mary Catok		
,	Typed or printed name of signee	
	Page 3 of 3	3: O4
	Filing Fee: \$25.00	