LAS000081712

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B. BOSTICK
FEB 17 2015
EXAMINER

Registration Section
Division of Corporations

Sunchaser Plaza, LLC

SUBJECT:

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:

	Carl D Hill			
		Name of Person		
	Madison One Prope	rties, LLC		
	.,	Firm/Company		
	34851 State Road 5	4 W		
		Address	1500	
	Zephyrhills, FI 3354	1	ادیمه مقر مدرد معمدی	2015
		City/State and Zip Code	 :.:	FEB
	carlhill@gmx.com			<u>;</u>
	E-mail address: (to be used for future annual report notifi	ication)	÷ 5
For further information of	concerning this matter, please c	all:	Ţ. :	ed >
Carl D Hill	,	813 997-2477		우 5 2
Name o	of Person		Telephone Number	_
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &

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

DocuSign Envelope ID: DBB8F264-7A1F-46D4-A33D-895C29E6FDCC

TAKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunchaser Plaza, LLC (Name of the Limited)	l Liability Compan A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Lia Florida document number L05000081712		•	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
The new name must be distinguishable and end with the w	ords "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	Sunchaser Plaza, LLC	= 1
(Principal office address MUST BE A STREET		34851 State Road 54 W	P
		Zephyrhills, FI 33541	o m
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)	Sunchaser Plaza, LLC 34851 State Road 54 W	№ □
		Zephyrhills, FI 33541	
B. If amending the registered agent and/or registered agent and/or the new registered off			the name of the nev
Name of New Registered Agent:	Carl D Hill		
New Registered Office Address:	34851 State	Road 54 W	
	100	Enter Florida street address	
	Zephyrhills	, Florida 3	3541
		City	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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

Docusign Envelope ID: DBB8F264-7A1F-46D4-A33D-895C29E6FDCC
II attending the ivianagers or Authorized iviender on our records, enter the title, name, and address of each Manager or
Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Johnny Wild	26650 Wesley Chapel Blvd Ste 2	Add
		Lutz, FI 33559	■ Remove
MGR	Bernard Winkler	P.O. Box 1428	
		Land O Lakes, FI 34639	■ Remove
MGR	Carl D Hill	34851 State Road 54 W	
		Zephyrhills, FI 33541	□ Remove
AMBR	Keith Osterman	34851 State Road 54 W	■ Add
		Zephyrhills, FI 33541	☐ Remove
AMBR	Michael P Correia	6154 Fort King Road	
		Zephyrhills, FI 33542	D Remove T
		<u> </u>	Add
	- 		Remove

	·	•
		·
d. Effective date, if othe	er than the date of filing:	(optional)
(The effective date must be the date this document is fi	filed by the Florida Department of State)	ore than 90 days after
(The effective date must be the date this document is for Dated	filed by the Florida Department of State)	ore than 90 days after
the date this document is f	filed by the Florida Department of State)	ore than 90 days after
the date this document is f	Signature of a member or authorized representative of a	Me

Page 3 of 3

Filing Fee: \$25.00

2015 FEB 16 A 9:



February 4, 2015

CARL D. HILL MADISON ONE PROPERTIES, LLC 34851 STATE ROAD 54 W. ZEPHYRHILLS, FL 33541

SUBJECT: SUNCHASER PLAZA, LLC

Ref. Number: L05000081712

We have received your document for SUNCHASER PLAZA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

2015 FEB 16 A 9 5.

Letter Number: 015A00002306