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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MW (O TSland Sunshive healty (C) 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:
Natelle Sustich
Natelle Sustick Name of Person Keller Williams Marco Island Firm/Company
830 Bald Eagle Or
City/State and Zip Code KIN 645 @ KW. COM E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 314 9100 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sign Sign Sign Sign Sign Sign Sign Sign

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Marco Tsland Sunstine 2013 and 8: 08

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8/22/05 and assigned Florida document number 6 000083(28)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Enter Florida street address

___. Florida _____ Zip Code 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
AMBR = Authorized Member

<u> 1 itte</u>	<u>Name</u>		Address	Type of Action
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ng <u>r (Bro</u> Oale R	her Cf R Suscice	ecord)	830 bald Eagle Dr Marco Island, FL	Add] 41 4 5 D Remove
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confirming Ken	uth L (sondy is
confirming Kenn removed as	broker OF	Record
and Dale R Broker of Rec	SUSLOCK	is now
Broker of Rec	ord	
		
ve date, if other than the date of filing:	nior to date of filing or more than 9	(optional) O days after filing.) Pursuant to 60
If the date inserted in this block does not meet the appent's effective date on the Department of State's recon	rds.	ements, this date will not be lis
ord specifies a delayed effective date, but	not an effective time, at	12:01 a.m. on the ear
90th day after the record is filed.		and con
7/8/19	July 8	3+4, 2019
	Digitally signed by Mark A	tulcahy