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COVER LETTER

CUBICOT	Marco Islar	nd Sunshine Realty LLC					
SUBJECT: Name of Limited Liability Company							
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:				
		Natalie Suslick					
			Name of Person				
		Marco Island Sunshine Re	alty LLC				
			Firm/Company	<u>-</u>			
		830 Bald Eagle Dr					
			Address				
		Marco Island FL 34145					
			City/State and Zip Code				
		klrw695@kw.com					
		E-mail address: (to be used for future annual report no	tification)			
For further in	nformation c	oncerning this matter, please ca	all:				
Dale Suslick	(239 3149100 at ()				
	Name o	f Person	at ()	me Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	filing 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 enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Marco Island Sunshine Realty LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LI.C" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		ALC 6
		- 2 8 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		-26 = 0
		0: 11 07: 11 07: 07: 07: 07: 07: 07: 07: 07: 07: 07:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
New Registered Agent's Signature, if changing Registered Agent	•	sign Couc

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 being adde or removed from our records:

MGR = ManagerAMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	D Michael Burke (title shareholder)	830 Bald Eagle Dr Marco Island Fl 34145	
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			☐ Change
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			Change

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(If an effect <u>Note:</u> If	e date, if other than the date of filing:	طورا g.) Pursu		
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m Oth day after the record is filed.	, on th	e earl	ier of:
Dated	Signantic of a nucurber of authorized representative of a member			
	Dale Suslick			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00