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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
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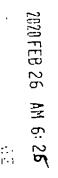


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COVER LETTER

10:	Division of Corp		·	Ą
SUR IF	cr. Asri	OTT 2 SUNS Name of Lim	LC.	
SUBJE	C1	Name of Lim	ited Liability Company	
The enc	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspon	dence concerning this matter	to the following:	
		PAL	Name of Person	
			Name of Person	
		ABBOT	T e Sonis LL C.	
			SW 21ST PL	
			Address	
		CAPO	E CONAL FL 3 City/State and Zip Code	3914.
		E-mail address: (-Y4109 @a.m.	ication)
For furt	ther information co	ncerning this matter, please co	all:	
P	auc ABD	LOTT	21/239 1 910 14	-718 ·
•	Name of	Person	at (<u>239</u>) <u>9(0 - 4</u> Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	following amount:		
\$£\$2:	5.00 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		Street Address:	
	Registration Se	ection	Registration Sec	etion
	Division of Co		Division of Corp	•
	P.O. Box 6327		The Centre of T	анапаѕѕес

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ABBOTT R SUNS, L	-LC	
(Name of the Limited Liability	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C		8/06 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	, 020 F
		8
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		:- 25
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	man allera
	Enter Florida s	
	City	, Florida Zip Code
	5.07	sup Com

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 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MANAGER SUSAN ABBOTT	4206 SW 215T PC	□Add
	SUSAN ABBOTT	CAPE CONAL, FL 33914	Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
-	
-	
-	
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-	
-	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated	2.21.2020 ^{PH}
	THE .
	Signature of a member or authorized representative of a member PAUL ABAOTT.
	Typed or printed name of signee