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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|--|
| | nrise Realty Name of Limited Liability Company | LLC |
| The enclosed Articles of Amendment and fe | e(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| M | ike Mc Cann | 7 |
| | | |
| Atlan | hc Sunrise K | Realty LLC |
| | | |
| 135 | 2nd Ave N Address | 100 L L |
| | | |
| Jackso | City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code | FL 32250 |
| | City/State and Zip Code | , |
| Nancy | ail address: (to be used for fut— arnua | Toup. ne l'action l'a |
| For further information concerning this matt | _ | • |
| Caroline Barro | n and | 242 0165 |
| Name of Person | at (<u>909</u>) | Daytime Telephone Number |
| | | • |
| Enclosed is a check for the following amoun | it: | |
| \$25.00 Filing Fee \$30.00 Filing Certificate of | | Certificate of Status & |
| MAILING ADDRESS: | STREE | T/COURIER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Lie | hility Company of it now annou | | | | |
|---|---|----------------------------|---------------|------------|---------------------------------------|
| (A Flo | bility Company as it now appearida Limited Liability Company) | rs on our records.) | | | |
| The Articles of Organization for this Limited Liability | y Company were filed on _ | 04/12/200 | 6_, | and assig | med |
| Florida document number <u>V060000 39 55</u> | <u>5</u> . | | | | |
| This amendment is submitted to amend the following | | | | | |
| A. If amending name, enter the new name of the li | imited liability company h | ere: | | | |
| The new name must be distinguishable and contain the words "I | imited Liability Company," the | designation "LLC" or the | abbrevia | tion "L.L. | C." |
| Enter new principal offices address, if applicable: | | | | | |
| Principal office address MUST BE A STREET AD. | DRESS) | | | | |
| - | | | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | B | | |
| | | | 7 - 1 | 7 | |
| | | | | , 20 20 | ٠. |
| B. If amending the registered agent and/or re | | n our records, <u>ente</u> | r the r | name_of | the r |
| <u>egistered agent and/or the new registered office a</u> | <u>ddress here</u> : | | ارون اروزا | 20 | · · · · · · · · · · · · · · · · · · · |
| | | | 0.7 | Ē | 24. 1 |
| Name of New Registered Agent: | | | | <u> </u> | ''. |
| New Registered Office Address: | | | 26 | ,—— | |
| Alegistates Office (talked). | Enter Flo | rida street address | | _ | |
| | | . Florida | | | |
| | City | | Zip | Code | • |

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 **Address** Title **Type of Action** 135 2nd Ave N __ Add

Jacksonville Beach FL Remove Thomas W. Kelly 32250 MGR Steve Jarrett 100 33 Sangrass Dr. W. Add Ste: 100 ☐ Remove Ponte Vedra Bch, FL 32082 Change □ Add ☐ Clange □ Add ☐ Remove ☐ Change □ Add

□ Remove

□ Change

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Filing Fee: \$25.00