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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	· · · · · · · · · · · · · · · · · · ·
PICK-UP WAIT N	ΛAIL
(Business Entity Name)	<u> </u>
(Document Number)	
Certified Copies Certificates of Status	
	
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SECRETARY OF STATE

J. HARRIS

TO: **Registration Section Division of Corporations**

COVER LETTER

SUBJECT:	SUNSET WW LLC		
SUBJECI:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Nelson D. Wenrick		
		Name of Person	
	SUNSET WW LLC		
		Firm/Company	
	2863 NW St. Lucie Lane		
		Address	
	Stuart, FL 34994		
		City/State and Zip Code	
	Wencofla@comcast.net		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Sandra L. Carroll		772 334-0050	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tailahassee, 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

SUNSET WW				
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) (pany)		
he Articles of Organization for this Limited L	iability Company were filed	on08/29/2007	and as	signed
lorida document number L07000089034	·			
his amendment is submitted to amend the following	lowing:			
. If amending name, enter the new name o	of the limited liability compa	any here:		
he new name must be distinguishable and contain the	words "Limited Liability Company.	," the designation "LLC" or the	ne abbreviation "L	L.C."
nter new principal offices address, if appli	cable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
			Te se	
				· *
nter new mailing address, if applicable:			20 图图	Territor . Spr
Mailing address MAY BE A POST OFFICE	BOX)			er be i besøg
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			ORI ORI	*Dread
B. If amending the registered agent and egistered agent and/or the new registered of		ess on our records, <u>en</u>		of the ne
Name of New Registered Agent:	Sandra L. Carroll			
New Registered Office Address:	2863 NW St. Lucie Lane			
	En	ter Florida street address		
	Stuart	, Florida	34994	
	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

<u>Title</u>	Name	Address	Type of Action
MGR	NELSON D. WENRICK	2863 NW St. Lucie Lane	
		Stuart, FL 34994	□ Remove
			Change
	 		Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
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an effecti lote: If	date, if other than the date of filing: we date is listed, the date must be specific and cathe date inserted in this block does not meet's effective date on the Department of State	nnot be prior to date of file t the applicable statute		filing.) Pursuant to 605.020'
	rd specifies a delayed effective dat Oth day after the record is filed.	e, but not an effe	ctive time, at 12:01 a	.m. on the earlier o
ated	June 16,	2014.		TAL
	"// <i>M</i> ////	6 11		
	- Willede			
	Signature of a mer	mber or authorized repres	entative of a member	JUH 20 REJFAN AHASS

Page 3 of 3

Filing Fee: \$25.00