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(Requestor	s Name)
(Address)	
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PICK-UP	WAIT MAIL
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(Document	Number)
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## **COVER LETTER**

Division of Cor	porations		•
SUBJECT:	Name of Lim	ited Liability Company	Realty Referrals W
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	_ Nintal	Name of Person	<del></del>
	Keller	Williams Mar Firm/Company	ia Island
	<u>330</u> B	ald Eagle (	<u>).^</u>
	Marco Is	Sland, FL 3411 City/State and Zip Code	145
		16 G S (C) 15 W. CO	
For further information co	oncerning this matter, please ca	all;	
Name of	SUSLICK Person	at (239) 39 Area Code Daytime	3 - 135 () e Telephone Number
Enclosed is a check for th	e 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)
<b>31411</b> 1	NC ANNDESC.	etbeet/could	ED AMMDECC.

MAILING ADDRESS:

TO:

Registration Section

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

	d Sunstine	Realty Refer
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our record nited Liability Company)	12/3/2009
The Articles of Organization for this Limited Liability Complete C		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	TITLE CONTRACTOR MILE	99 d 11 27 0 18 1 0 0
Enter new principal offices address, if applicable:	Liability Company, The designation "LLC	or the abbreviation and C.
enter new principal offices address, it applicable: ( <u>Principal office address MUST BE A STREET ADDRES</u>		
a the compact of the		
	-	
Enter new mailing address, if applicable:		<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	SS.
		· orida
	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>	<u>Name</u>		Address	Type of Action
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in effective date is listed, the ote: If the date inserted i	date must be specific : n this block does no	and cannot be prior to date of file t meet the applicable stanuto	ing or more than 90 or	lays after filing.) Pursu	ant to 605.0207 (3)(b) of be listed as the
cument's effective date of	on the Department o	f State's records.		_	
record specifies a o The 90th day after t	lelayed effective	date, but not an effec	ctive time, at 1	2:01 a.m. on th	e earlier of:
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ited 1			11	Mark	Digitally signed by Mark Muli DN: cn=Mark Mulcahy, o, ou,
1/2/1			HO-		email=mmulcahy@kw.com. i
1/2/1	Signature of	a member of authorized repres	manye w u member	=Mulcahy	emails mmulcahy@kw.com. — Oate 2019 07.11 14:15 21:04

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00