

L12000064277

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch MAY 12 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Suncoast Real Estate Partners, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jim Ford

Name of Person

Suncoast Property Management LLC

Firm/Company

P O Box 18995

Address

Sarasota, FL 34276

City/State and Zip Code

jimford1943@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jim Ford

Name of Person

941 320-0098

at ()
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
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2014

JIM FORD
PO BOX 18995
SARASOTA, FL 34276

SUBJECT: SUNCOAST REAL ESTATE PARTNERS, LLC
Ref. Number: L12000064277

We have received your document for SUNCOAST REAL ESTATE PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 014A00008154

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Suncoast Real Estate Partners, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/11/2012 and assigned Florida document number L12000064277.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Suncoast Property Management, LLC SUNCOAST RENTAL MANAGEMENT LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8210 Lakewood Ranch Blvd

Lakewood Ranch, FL 34202

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P O Box 18995

Sarasota, FL 34276

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

James Ford

New Registered Office Address:

188 Jeffrey Dr

Enter Florida street address

Sarasota

City

Florida 34238

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AIDA I JOHNSON	3303 RINGWOOD MEAL	<input type="checkbox"/> Add
		SARASOTA, FL 34235	<input checked="" type="checkbox"/> Remove
MGR	FORD, JAMES	188 JEFFREY DR.	<input checked="" type="checkbox"/> Add
		SARASOTA, FL 34238	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

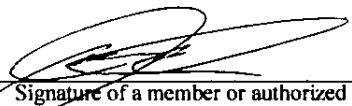
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 11, 2014



Signature of a member or authorized representative of a member

James Ford

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00