L12000140323

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COVER LETTER

TO: Registration S Division of Co			
	s Ranch LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Keith Mann		
		Name of Person	
	Three Suns Ranch LLC		
	-	Firm/Company	
	2351 SR 31		ं हिंह
		Address	
	Punta Gorda, Fl.		7972 NCV 30 At 10: 0
		City/State and Zip Code	
	mann.keith.a@gmail.com		
		to be used for future annual report notif	fication) Fig. 9
For further information	concerning this matter, please c	rall:	
Keith Mann		941 840-0311 at () _	
Name	of Person	Area Code Daytimo	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI.	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Three Suns Ranch LLC		
(Name of the Limited Lia (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on 05 November 2012	and assigned
Florida document number L12000140323	·	
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C,"
Enter new principal offices address, if applicable:		2622 5 E S
Principal office address MUST BE A STREET AD	DRESS)	元帝 高一百
		30
Enter new mailing address, if applicable:		3 3
<u> Mailing address MAY BE A POST OFFICE BOX)</u>		
3. If amending the registered agent and/or registe	ared office address on our records, enter the	name of the new posicion
gent and/or the new registered office address here		name of the new registe
Name of New Registered Agent:		<u>-</u>
New Registered Office Address:		
	Enter Florida street address	
_	Florid	
	Citv	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 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
MGR	CAITLIN ANN MANN	8314 GROSVENOR CT	= Add
		UNIVERSITY PARK, FL 34201	□Remove
			□Change
			□Remove
			□Change
			Add Remove Change Discharge Add
			
			Change
			□Add
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			□Change

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			(3)	
Tective date, if other than the date of filing:		(optional)	
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cote: If the date inserted in this block does not me	cannot be prior to date of the the applicable statu	iling or more than 90 days tory filing requirements	after filing.) Pursuant to s. this date will not be	v 605.020 Histertia
ocument's effective date on the Department of Sta	ite's records.	,g		
record specifies a delayed effective date, but not a is filed.	n effective time, at 12:	01 a.m. on the earlier o	of: (b) The 90th day	after the
27 NOVEMBER tted	2022			

Typed or printed name of signee