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SECRETARY OF STATE
FALLAHASSEE, FLORIDA

T'SCHROEDER

COVER LETTER

	Registration Se Division of Cor			
CHDIEC	Sunshine F	Prestige Properties, LLC		
SUBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Scott Richardson		
			Name of Person	
		Sunshine Prestige Properti	es, LLC	
		-	Firm/Company	
		2045 Central Avenue		
		Indianapolis, IN 46202	Address	
		vnew5@outlook.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
Vickie N	ew		317 698-8330 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
\$ 25.0	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:

TO:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Sunshine Prestige Properties, L	LC				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 10169 Regent Circle Enter Florida street address Naples Florida 34109	(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Naples Naples Florida 34109	The Articles of Organization for this Limited L	iability Company	were filed on	13	_ and assig	gned
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City Zip Code		Naples		Florida 34109	Э	
·			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> <u>Address</u> **Type of Action** _ 🗆 Add □ Remove _□ Change □ Remove ☐ Change 쯊 □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Remove

_□ Change

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ective date, if other than the date of filing: the effective date is listed, the date must be specific and cannot be prior to date of filing or more that the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	(optional) un 90 days after filing.) Pursuant to 605.0	
record specifies a delayed effective date, but not an effective time, he 90th day after the record is filed.	at 12:01 a.m. on the earlier	r of
12/3/2018 ed		
Sutt Rila		
Signature of a member or authorized representative of a n	nember	

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Filing Fee: \$25.00