# 113000085851

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### **COVER LETTER**

TO: Registration Section Division of Corporations	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		501	1, 110
SUBJECT: SUNCOAS	A CINS	RUCTION F	KESTOR	Ation, LLC
The enclosed Articles of Amendment a	nd fee(s) are submitted	for filing.		2019 HAR
Please return all correspondence concer			· •	是 一
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For further information concerning this  Name of Person	matter. please call:	at ( <u>727)</u> <u>U5</u> Area Code Daytime	- 1772 e Telephone Number	
Enclosed is a check for the following ar		***********	<b>5</b> 040 00 000 00	
\$25.00 Filing Fee	Cling Fee & US	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is a	atus &

#### 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_L130000 85851 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 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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.

Cin

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

Title Address **Type of Action** <u>Name</u> MGMR Andy GRIFFIN 1616 GULFTO BAY BIVD, DAGO MGMR ERIK BRYAN □ Remove ☐ Add ☐ Remove Change □ Add □ Remove \_□ Change ☐ Add □ Remove \_□ Change \_□ Add ☐ Remove ☐ Change

Effective date, if other than the date of filing: 3/19 (optional)  If an effective date is listed, the date must be specific and cannot be polor to date of filing or more than 90 days after filing.) Pursuant to 603.02.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed adocument's effective date on the Department of State's records.  The 90th day after the record is filed.  M. J. AST. A.		
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Signature of a member or authorized representative of a member	Dated	. 111/11
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