

L14000036609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

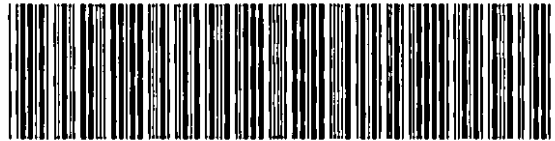
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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KIRK • PINKERTON, P.A.

ATTORNEYS AT LAW

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JODI M. RUBERG

* BOARD CERTIFIED IN WILLS, TRUSTS
AND ESTATES
** BOARD CERTIFIED BUSINESS LITIGATION LAW
(1996-2017)
*** BOARD CERTIFIED REAL ESTATE LAW LAWYER
*** BOARD CERTIFIED CIVIL TRIAL ATTORNEY
△△ BOARD CERTIFIED IN CITY, COUNTY & LOCAL
GOVERNMENT LAW
■ CERTIFIED CIRCUIT COURT MEDIATOR
■ ALSO ADMITTED IN NEW YORK
□ ALSO ADMITTED IN ILLINOIS
△ ALSO ADMITTED IN PENNSYLVANIA
○ ALSO ADMITTED IN GEORGIA

October 4, 2018

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Sun Haven J. LLC
Sun Haven ME, LLC

Dear Sir:

Enclosed please find Cover Letters together with the Articles of Amendments for each of the above-referenced LLC's.

Also enclosed is our check in the amount of \$50.00 to cover the \$25.00 filing fee for each of the LLC's.

Should you have any questions concerning this matter, please feel free to contact me.

Sincerely,



F. STEVEN HERB

FSH/ema
Encls.

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sun Haven J. 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:

F. Steven Herb, Esquire

Name of Person

Kirk Pinkerton, P.A.

Firm/Company

240 South Pineapple Avenue, Sixth Floor

Address

Sarasota, FL 34236

City/State and Zip Code

sherb@kirkpinkerton.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

F. Steven Herb, Esquire

941

364-2414

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Sun Haven J. 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 03/03/2014 and assigned
Florida document number L14000036609.

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)

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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:

Edward Nelson

New Registered Office Address:

Enter Florida street address

Florida

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>	<u>Type of Action</u>
AMBR	Edward Nelson	5225 Hidden Harbor Rd.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34242	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mary Bryant	60 Fed. Ex Pkwy, 2nd Floor/Vertical	<input checked="" type="checkbox"/> Add
		Collierville, TN 38017	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


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TALLAHASSEE, FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 4, 2018


Signature of a member or authorized representative of a member

Jane Nelson
Typed or printed name of signee