L14000085437

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COVER LETTER

TO: Registration Se Division of Cor			
	GARDENS FARM, LLC	F/K/A MB TOWN CENTER,LLC	
SUBJECT:	Name of Lin	nited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
•	JONATHAN SIMPSON	1	
		Name of Person	
	SUNSET GARDENS	FARM, LLC	
	.	Firm/Company	-
	94000 OVERSEAS H	WY	
	· · · · · · · · · · · · · · · · · · ·	Address	
	TAVERNIER, FL 3301	70	
	JONWSIMP@HOTMAIL	City/State and Zip Code .COM	
	E-mail address: ((to be used for future annual report notification)	- 7AC 28
For further information c	oncerning this matter, please c	all:	2017 AUG
JONATHAN SIMPSO	N .	305 393-4993	188.4 199.1
Name o	f Person	Area Code Daytime Telephone Nu	HASS D
Enclosed is a check for the	ne following amount:		D to the
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cert (additional copy is enclosed) Cert	00 Filing Fee, ifficate of Status & ified Copy tional 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

MB TOWN CENTER, 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 5/28/14 _____ and assigned Florida document number L14000085437 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNSET GARDENS FARM, LLC 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Ciry 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>	Address	Type of Action
MGR	CANDICE MCCARTHY	94000 OVERSEAS HWY	■ Add
		TAVERNIER. FL 33070	☐ Remove
			Remove
			Change
			Add Add Remove
			ASSET TO Add
			Add Remove
			Change
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			Change

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ffor	tive date, if other than the date of filing:
an c	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,026
iote	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocu	ment's effective date on the Department of State's records.
e re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
ш	e 90th day after the record is filed.
	1 at 18th 2017
ate	August 10th . 2017.
	Signature of a member of authorized representative of a member
	Jonathan Simpson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00