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6/25/2014

COVER LETTER

	gistration So vision of Cor						
SUNCOAST GARDEN FLORIDA, LLC							
SUBJECT: Name of Limited Liability Company							
The enclose	d Articles of	Amendment and fec(s) are sub	omitted for filing				
		ndence concerning this matter	-				
		Cheyenne Moseley					
			Name of Person				
		Legalzoom.com, Inc.					
	Firm/Company						
100 W. Broadway Suite 100							
Address							
Glendale, CA 91210							
City/State and Zip Code							
		frankmenke3@yahoo.com					
		E-mail address: (to be used for future annual report notif	icution)			
For further i	nformation c	oncerning this matter, please c	all:				
Imelda Va	squez		323 962-8600 ex				
	Name o	l Person	Area Code Daytimo	: Telephone Number			
Enclosed is	a check for th	e following amount:					
□ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy Indditional 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

SUNCOAST GARDEN FLORIDA, 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 06/16/2014	and assigned
Florida document number L14000096368	Company were then on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	nited linbility company here:	
The new name must be distinguishable and end with the words "I	imited Liability Company," the designation "LLC"	"or the abbreviation "L.lC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg	istered office address on our records.	enter the name of the
registered agent and/or the new registered office ad		*****
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Coxle

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	OSPREYS REVOCABLE TRUST	240 S PINEAPPLE AVENUE, SUITE 704	
		SARASOTA, FL 34236	⊠ Remove
			·
			□ Remove
			Add
			☐ Remove
			Remove
	M		□ Add

6/25/2014 8:11:03 AM PDT

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