L14000122391

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TO:	Registration Section Of Cor	ction * porations		*
SUBJ	n	unset Point Circle LLC.	y *	,
0000			ted Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	e return all correspo	ndence concerning this matter t	to the following:	
		R	onald McGregor	
			Name of Person	
			Firm/Company	
		4005 Bahia Isle Circ	le	
			Address	
		Wellington, Fl. 3344	9	
		ronmcgregor2@gmai	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notific	ration)
For fu	ırther information c	oncerning this matter, please ca	all:	
Ron	ald McGregor		561 792-4084	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for the	ne following amount:		
∠ S	25.00 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:

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

TO ARTICLES OF ORGANIZATION **OF**

12203 Sunset Point Circle LLC

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ARTICLES OF C	ORGANIZATION , A
O	OF So So
12203 Sunset Point Circle LLC	ACCOUNTS PHO
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company L14000122391 Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and end with the words "Limited Liab	ability Company." the designation "LLC" or the abbreviation "L.L.C."
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 o registered agent and/or the new registered office address her	
Name of New Registered Agent:	
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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rosemary McGregor		
		4005 Bahia Isle Circle	Add
		4005 Dania Isle Circle	■ Remove
			11.65
			Add
			Remove
		-	□ Add
			Remove
			Π.
			Remove
			□ Add
			□ Remove
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			Add
			Remove

4005 Bahia Isle Circle,	Wellington, Fl. 33449	
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	be prior to date of receipt or filed date and cannot	(optional) of the more than 90 days after
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