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PICK-UP	WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE

JUN 0 9 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUNCOAST PROPERTY SMH 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:
JORGE O. ACOSTA, ESQ. Name of Person
ATTORNEY AT LAW.
550 N REO SUITE 300.
TAMPA FL 33609. City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jonge Acosto at (813) 774-9895 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

SUNCOAST PROPERTY SMH LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
(A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on 09/04/2014 and assigned	
lorida document number <u>L 140000138 453</u> .	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability 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)	
Page 7	
Inter new mailing address, if applicable:	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	: <u>x*4+</u>
	*
B. If amending the registered agent and/or registered office address on our records, enter the manne of the egistered agent and/or the new registered office address here:	e" nev
Desired agent unavor the new registered white address here.	
Name of New Registered Agent:	
	_
New Registered Office Address: Enter Florida street address	
, Florida	
City Zip Code	
lew Registered Agent's Signature, if changing Registered Agent	

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>	Type of Action
MGR	JOSIE HUXOLL	16568 SW 85TH LN	⊠ Add
		MIAMI, FL 33193-	Remove
			Change
MGR	KATHRIN HUXOLL	WIEDSTRASSE 9	⊠ . Add
		EHLSCHEID, GE 565	81 □ Remove
			Change
			Add
			Remove TALLAHASSEE FLORIDA Remove TALLAHASSEE FLORIDA
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			Remove
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Filing Fee: \$25.00