1500030489

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: W18-332W (name)

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03/05/18--01020--007 **25.00

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S. WARREN MAR 1 6 2018



March 7, 2018

SUSAN E RODRIGUEZ 10040 SW 80 TERRACE MIAMI, FL 33173

SUBJECT: SNJ PROPERTY INNOVATORS, LLC

Ref. Number: L15000030489

We have received your document for SNJ PROPERTY INNOVATORS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00004647

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

	Division of Cor	porations	•	
SUBJE		ERTY INNOVATORS LLC		
SUDJE		Name of Limi	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SUSAN E. RODRIGUEZ		
		47-78-41-41-41-41-41-41-41-41-41-41-41-41-41-	Name of Person	
			Firm/Company	
		10040 SW 80 TERRACE		
			Address	
		MIAMI, FL. 33173		
			City/State and Zip Code	
		susygypsymom@gmail.com		
		E-mail address: (to be used for future annual report notifi	ication)
For fur	ther information c	oncerning this matter, please ca	all:	
SUSAN E. RODRIGUEZ		305 807-5405		
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$2:	5.00 Filing Fcc	□ \$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

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

0 × 7 7	DD O DD DD TIL	T3 13 7 6 7 7 4	TODOLLO
SNI	PROPERTY	INNOVA	TORS 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 Florida document number	Company were filed on 2/10/15	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
SUN CITY REALTY GROUP LLC.		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ac	gistered office address on our recor	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ress
	, I	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 Agenti

Page 1 of 3

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

AMBK = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			☐ Remove
			Change
			Add
			☐ Remove
- 			☐ Change
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	
			ASSEE F
			FLORIDA Change

	ing any other information, enter change(s) Here: '(Attach additional sheets, if nece	• ,	
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an effective ocument	date, if other than the date of filing:	filing.) Pursuant to 60 s date will not be lis	ted as t
3/1 Pated	2018	4	
	Signature of a member or authorized representative of a member		
	SUSAN E. RODRIGUEZ	MAR.	ألم
	Typed or printed name of signee	SS J	
			T)
		o	

Filing Fee: \$25.00