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## **COVER LETTER**

	gistration Sect vision of Corp			
CUBIECT.	Sunrise Beac	h at Shell Point, LLC		
SUBJECT:		Name of Limi	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Sue Boyd		
		-	Name of Person	
		Boyd & Durant, P.L.		
			Firm/Company	<del></del>
		1407 Piedmont Drive East		
			Address	
		Tallahassee, Florida 32308		
		service@boydlaw.net	City/State and Zip Code	· <u> </u>
		E-mail address: (1	to be used for future annual report notifi	cation)
For further i	information co	ncerning this matter, please ca	all:	
Alana Rom	ig		850 386-2171 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for the	following amount:		
\$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:

TO:

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

Sunrise Beach at Shell Point, LLC			
(Name of the Limi	ted Liability Company (A Florida Limited Lial	as it now appears on our recorded bility Company)	<u>s.</u> )
The Articles of Organization for this Limited L			and assigned
Florida document number L15000077447	,		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	ty company here:	<b>20</b>
			A G 90
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "LLC	" or the abbreviator "L.L.C."
Enter new principal offices address, if appli-	cable:	·	HARRY PR
(Principal office address MUST BE A STREI	ET ADDRESS)		
	-		11 22 12 12 12 12 12 12 12 12 12 12 12 1
			SS S
Enter new mailing address, if applicable:	-		
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered of		ce address on our records	s, enter the name of the nev
registered agent and/or the new registered to	ince address here.		
Name of New Registered Agent:	Sue Boyd		
New Registered Office Address:	1407 Piedmont Di	rive East	
		Enter Florida street addres	s
	Tallahassee	. Flo	orida <sup>32308</sup>
		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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Mary Rudnick		
		3836 East Millers Bridge Road	
		Tallahassee, Florida 32312	■ Remove
			Change
MGR	Sue Boyd	1407 Piedmont Drive East Tallahassee, Florida 32308	Add
			Add
			Remove
			Change
			SECRETARY OF STATE  ALLAHASSEE, FL
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ffective date, if other than the an effective date is listed, the date must	date of filin	g:	to date of filin	g or more than 9	(option		auant to 6	ብ <b>ና</b> በንር
<b>lote:</b> If the date inserted in this blo ocument's effective date on the De	ock does not i	meet the applic	able statutor;					
	•							
e record specifies a delayed The 90th day after the reco			ot an effect	ive time, at	12:01 a.r	n. on t	he ear	lier
November 13		2019						
arcu		1	 					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00