L15000156324

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor		_	: ** · · · · · · · · · · · · · · · · · ·
SUBJECT: Su	ncoast Su	perior Remoded Liability Company	eliny LLC
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	Sean	Mame of Person	ams_
	Suncoast S	Experior Bemade	ling LLC
	2740	Siesta Drive	
	<u>Venice</u>	FL, 3429	3
	Suncoast:	City/State and Zip Code Superior (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	oo com
For further information of Sean A	oncerning this matter, please ca		- 4970
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ie following amount:		•
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Sun coast Super (Name of the Limited Liability Compa (A Florida Limited L	nv as it now appears on our records.) ability Company)
Florida document number <u>LISOOO156324</u> .	a/u/a
This amendment is submitted to amend the following:	· · · · · · · · · · · · · · · · · · ·
A. If amending name, enter the new name of the limited liabile and contain the words "Limited Liabile 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)	2740 Siesta Drive Venice FL, 34293
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	·
Name of New Registered Agent: New Registered Office Address: 270	noody Agency South Tamami Trail Enter Florida street address
Venic-	e, Florida 34285

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

Sell Andrew

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>	Name \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Address	Type of Action
MGR	Sean M Williams	2740 Siesta Dr	
		2740 Sicota Dr Venice FL, 34293	□ Remove
			Change
			D Add
			Remove
			Change
		 -	
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove

F.CC	9/4/19
(If an e: Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	C 1 1 141 2000
Dated	September 4th 2019
	Signature of a member of authorized representative of a member
	Son M 1 IIII M
	Typed or printed name of signee

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Filing Fee: \$25.00