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## **COVER LETTER**

TO: Registration Section  Division of Corporations
SUBJECT: SUNCOAST SINGLES 11C  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:
William Tosh
Name of Person
SUNCOAST SINGLES LLC
1188 N. TAMIAMI Trl. SE 205 B
SARASOTA F1. 34236
City/State and Zip Code PASTON SI/ TOSH @ GMAI/, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
WILLIAM Tosh (WANKET) at (352) 220-3377  Name of Person Area Code Daytime Telephone Number
The code Sayshio Tolephole Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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 Sinc	gles, LC	
. (Name of the Limited Liability C (A Florida Lin	Company as it now appears on omited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L/500/166895</u> .	npany were filed on Delle	. 7 2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1188 N. L	TAMIAM! Trl. Suite 205 B
(Principal office address MUST BE A STREET ADDRES	ssi <u>JACASOTA 1</u>	4/ 34236
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida sti	reel 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

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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

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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