

# L5002100916

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF MICHAEL J. HEATH P.A.  
Account Number : I20220000063  
Phone : (727)360-2771  
Fax Number : (727)475-5323

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: rita.johnson-us@yahoo.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSET PROPERTY T.I. LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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T. LEMIEUX

MAY 22 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Sunset Property T.I. 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:

Rita Johnson

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

12128 QUAIL RIDGE DR.  
\_\_\_\_\_  
Address

SPRING HILL, FL 34610  
\_\_\_\_\_  
City/State and Zip Code

rita.johnson\_us@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rita Johnson

813 482-7208  
at ( )  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Name of Person

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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Sunset Property T.I. 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 Company were filed on December 18, 2015 and assigned  
Florida document number L15000210096

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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)

12000 GULF BLVD.  
SUITE 502N  
TREASURE ISLAND, FL 33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12128 QUAIL RIDGE DR.  
SPRING HILL, FL 34610

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Rita Johnson

New Registered Office Address: 12128 QUAIL RIDGE DR.

Enter Florida street address

SPRING HILL, Florida 34610

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.

Rita Johnson May 16, 2024  
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>	<u>Type of Action</u>
MGR	David R. Johnson	12128 Quail Ridge Dr.	<input type="checkbox"/> Add
		Spring Hill, FL 34610	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rita Johnson	12128 QUAIL RIDGE DR.	<input checked="" type="checkbox"/> Add
		SPRING HILL, FL 34610	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: May 14, 2024 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 16, 2024

*Rita Johnson*  
Signature of a member or authorized representative of a member

Rita Johnson

Typed or printed name of signee

**Filing Fee: \$25.00**