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# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Amy F. Wilson Real Estate Specialist LL
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Amy F. Wilson Name of Person
Firm/Company
316 Arpieka Avenue
Address
St. Augustine, FL.32080
amy c Sunshinerealty. com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Any Wilson at 904 333-2196 To To Name of Person at 904 Daytime Telephone Number To To
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffed 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**

Real Name of the Limited Liability Company as it now appears on or (A Florida Limited Liability Company)

	G) I	1-15-20	21/2		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L 160001646</u> 1	ny were filed on _	1-13-60	21 <b>4</b> ai	nd assign	ied
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limited li</u>	ability company	here:			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	e designation "LLC" or	r the abbreviati	ion "L.L.C	)."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		<u>^^</u>	201	
		-		FEB	
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Enter new mailing address, if applicable:			The state of the s	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)			<u>miso</u>	<del></del>	
				- <del>-</del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our records, g		മ ame of	the new
Name of New Registered Agent:	<del>_</del>				
New Registered Office Address:	Enter F	lorida street address	<del> </del>		
		Floris	d a		
	City	, Floric		Code	
New Registered Agent's Signature, if changing Registered Agei	nt:				
hereby accept the appointment as registered agent and a	oree to act in thi	is canacity. I furth	er aaree ta	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

	Authorized Person(s) authorized to ma from our records:	inage, <u>enter the title, name, and address of each</u>	person being added
MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Amy F. Wilson	316 Arpieka Are. St. Augustine, FL.	DA Add
		St. Augustine, FL.	Remove
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ffective date, if other than the date of filing:	(op	tional)	
an effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory file	more than 90 days aft ing requirements, th	er filing.) Pur nis date will	rsuant to 605.020 not be listed a
ocument's effective date on the Department of State's records.			
	time at 12:01	am on	the earlier (
e record specifies a delayed effective date, but not an effective	. time, at 12.01	a.m. on	che ediner c
The 90th day after the record is filed.			
The 90th day after the record is filed.			
record specifies a delayed effective date, but not an effective The 90th day after the record is filed.  February 5, 2016.			

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Filing Fee: \$25.00