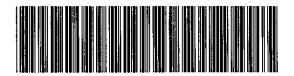
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COVER LETTER

TO:	Registration Se Division of Cor			, ,			
SUBJI		LLEN BARTON PLLC	·				
50 <i>D</i> J1	BC1.	Name of Lim	ited Liability Company				
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		LESLEY ELLEN BARTO	И				
			Name of Person		•		
		LESLEY ELLEN BARTO	ON PLLC				
			Firm/Company		•		
		22351 ADORN AVE			SEC	ಕ	
		_	Address			<u>ال</u>	
		PORT CHARLOTTE, FL	33952			2	
		SUNSHINEDAYSHOMES	City/State and Zip Code @GMAIL.COM			≅	
		E-mail address: (to be used for future annual report notifi	ication)	是所 是	>	
For fur	ther information c	oncerning this matter, please co	all:				
LESLI	EY ELLEN BART	ON	224 678-1910 at ()				
	Name o	f Person		Telephone Number			
Enclos	ed is a check for th	ne following amount:					
□ \$2:	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		

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

TO ARTICLES OF ORGANIZATION OF

LESLEY ELLEN BARTON PLLC			
(<u>Name of the Limited L</u> (A F	iability Company Iorida Limited Lia	as It now appears on our records.) bility Company)	**************************************
The Articles of Organization for this Limited Liabil Florida document number	lity Company w	vere filed on	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liabili	ty company here:	
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	•	22351 ADORN AVE	
Principal office address MUST BE A STREET A		PORT CHARLOTTE, FL 33952	
			22 m G - C
Enter new mailing address, if applicable:		22351 ADORN AVE	FILI JUN 21 ELJAN AHASSE
Mailing address MAY BE A POST OFFICE BOX	<u>X)</u>	PORT CHARLOTTE, FL 33952	
		·	<u> </u>
			23 DA
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our records, er	ter the name of the
Name of New Registered Agent:	LESLEY ELLEN BARTON		
New Registered Office Address:	22351 ADORN A	VE	
		Enter Florida street address	
P	PORT CHARLO	TTE . Florid :	33952 a

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
(FD)	Lestey Ellenizara	Address 72351 Adam Luc Por Charoca, FL 23895	
			Remove
			□ Change
			Add
			□ Remove
			Change
			
		SECKE LAP	□ Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing reconstruction document's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605 quirements, this date will not be liste	.0207 (3)(¹ ed as the
the record specifies a delayed effective date, but not an effective time b) The 90th day after the record is filed.	e, at 12:01 a.m. on the earlie	er of:
Dated 6/15/15/15, 2016.		
Signature of a member or authorized representative of a	member	
LESLEY ELLEN BARTON		
Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

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