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SECRETARY OF STATE FALLARIASSEE, FLORIDA

2016 SEP -9 PN 3: 16

K.SALY EXMANNER SEP 13

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT:	unshine STA Name of Limi	He from evalues ited Liability Company	of South
		7	rioridg, LCC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Debbie	Barnett Name of Person	
		Firm/Company	
	19150	Cloister Lak	eLu
	Boca Ro	aron F1 334	98
	Del E-mail address: (City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	cation)
For further information of	concerning this matter, please ca	ıll:	
Dlbbie Name o	Barnett of Person	at (<u>561)</u> 809. Area Code Daytime	- 910 9 Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

ARTICLES OF C	ORGANIZATION OF	FILE
Sunshine State Properties (Name of the Limited Limited Limited)		2016 SEP 9 PM 8: 16
The Articles of Organization for this Limited Liability Company Florida document number <u>L/600059 F44</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	19150 Chais	ter Lake LN
(Principal office address MUST BE A STREET ADDRESS)	BOCA RATON 33498	, Fi
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	19150 Closs BOCA KOTON	fer Lake LN
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the new
registered agent and or the new registered office address here	•	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
		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

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 = M $AMBR = A$	Ianager Authorized Member		FILER	
<u>Title</u>	<u>Name</u>	Address	2016 SEP -9 PM 32 10	Type of Action
			2016 SEP-9 PM 3: 16 CALLAHASSEE FLORIDA	Add
			m_{j_k}	Remove
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				□ Remove
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	ALLAHASSI OF STAN
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effective date is listed, the date must be specific and can	(optional) Inot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 the applicable statutory filing requirements, this date will not be list's records.
record specifies a delayed effective date The 90th day after the record is filed.	e, but not an effective time, at 12:01 a.m. on the ear
ted 9/3/16, Signature of a men	net Upos Bruett neer or authorized representative of a member
DeboraH	Brevett

Page 3 of 3

Filing Fee: \$25.00