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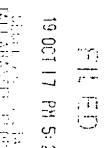
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Suntree Ba	Uroom LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lan	ce Sexter	
		Name of Ferson	
	- Sont	ree Ballroom	LCC
		rithicompany	
	381 Kag	Address	
		/ four CK	
	Palm	$\frac{1}{3}$ City/State and Zip Code	,7
	lancea	Ndelena agrad. to be used for future annual report notif	com
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Lauce	Loxton	at (321) 720 -	.2221
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

Florida document number		
The Articles of Organization for this Limited Liability Company were filed on		
This amendment is submitted to amend the following:	breviation "L.L.C	
	breviation "L.L.C	
A. If amending name, enter the new name of the limited liability company here:	breviation "L.L.C	
	breviation "L.L.C	
Sundance Rallsoom LLC	breviation "L.L.C	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abb		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	
	 19 0	
Enter new mailing address, if applicable:	. OC -11	<u>.</u>
(Mailing address MAY BE A POST OFFICE BOX)	17	
	. S	
B. If amending the registered agent and/or registered office address on our records, enter t	the name of	the new
registered agent and/or the new registered office address here:		
Name and Nivers Descriptorand Assumes		
Name of New Registered Agent:		
New Registered Office Address: Enter Florida street address		
, Florida, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	1	

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		□ Remove	
			Change
			□ Remove
			Change
			Add
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing rocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed.	ne, at 12:01 a.m. on the earlier o
ated 10/13/ , 2019.	
10(13), 2017.	

Page 3 of 3

Filing Fee: \$25.00