

L16000099316

Florida Department of State
Division of Corporations
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To:

Fax Number : (850)617-6383

Account Name : SILBERSTEIN LAW FIRM PLLC
Account Number : I20110000094
Phone : (941)953-4400
Fax Number : (941)953-4450

**Enter the email address for this business entity to be used for future **

Email Address: tracy@odysseymedicalconsulting.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSPEAR CAPIT

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NOV 14 2016

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

SUNSPEAR CAPITAL, 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 5/21/16 and assigned
Florida document number L16000099316.

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)

7681 Legacy Road

Flowery Branch, GA 30542

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1934

Flowery Branch, GA 30542

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:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Christopher J. Edbrooke	3759 Beneva Oaks Blvd.	<input type="checkbox"/> Add
		Sarasota, FL 34238	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Tracy Youngblood-McDaniel	7681 Legacy Road	<input checked="" type="checkbox"/> Add
		Flowery Branch, GA 30542	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(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)

(b) The 90th day after the record is filed.

Dated Nov 9 2016

Signature of a member or authorized representative of a member

Tracy Youngblood-McDaniel

Typed or printed name of signee

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Filing Fee: \$25.00

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