## 116000186427

Office Use Only



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## **COVER LETTER**

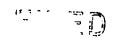
	gistration Sec ision of Corp			
SHRJECT:	BLUE SUN	BELT M, LLC		
		Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		M.J. Kopakin		
		-	Name of Person	
		Blue Sky Communities		
			Firm/Company	
		5300 W. Cypress Street, St	uite 200	
			Address	<del></del>
		Tampa, Florida 33607		
			City/State and Zip Code	
		mjkopakin@blueskycommu	unities.com to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please ca	•	(Carton)
M.J. Kopaki			at (813 ) 708-5446   Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 TO ARTICLES OF ORGANIZATION OF



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BLUE SUNBELT M, LLC			
(Name of the Limited Linkille, Company	 :	 	 

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) iability Company)	. ,
The Articles of Organization for this Limited Liability Company of Florida document numberL16000186427	were filed on 10/07/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	75.75
New Registered Agent's Signature, if changing Registered Agent:	Cuỳ	хір Соде
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of	performance of my duties, and I am rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Type of Action
MGR	James Chadwick	5300 WEST CYPRESS STREET	
		SUITE 200	Remove
		TAMPA, FL 33607	□ Change
MGR	Scott Macdonald	5300 WEST CYPRESS STREET	
		SUITE 200	Remove
		TAMPA, FL 33607	Change
			Add
		<del></del>	□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change.

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ffect	ive date, if oth	er than the	date of filing	g:			(optional)	ursuant to 605.0207
ote:	If the date inseluent's effective of	rted in this blo	ock does not n	neet the appl	icable statutor	ng or more than 9 y filing require	Udays after filing.) I ments, this date w	'ursuant to 605.0207 ill not be listed as
	cord specifies 90th day af				ot an effec	tive time, at	12:01 a.m. o	n the earlier o
ated	September 20		<del></del> .	2019				
		Clara		_				
		J/J 4/1	T -	<u>-</u>		ntative of a mem		

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Typed or printed name of signee

Filing Fee: \$25.00