

416000228779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

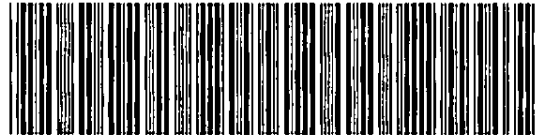
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19 DEC -5 PM 12:56
CLERK OF COURT
STATE OF OHIO

JAN 10 2020
C McNAIR

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNRISE AT THE OAK, LLC

Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
19 DEC -5 PM 12:56

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR J. MAZZELLA, CPA

Name of Person

VICTOR J. MAZZELLA, CPA, PA

Firm/Company

1408 SE 17TH AVENUE, SUITE F

Address

CAPE CORAL, FLORIDA 33990

City/State and Zip Code

VMAZZELLA@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICTOR J. MAZZELLA, CPA

at (239) 772-2229

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

SUNRISE AT THE OAK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 DEC -5 PM 12:35
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 12/19/2016 and assigned
Florida document number 1.16000228779.

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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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

_____, 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

MGR = Manager
AMBR = Authorized Member

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)
 Date of first publication: _____
 Date of first sale: _____
 Date of first use: _____

If the `duration` specifies a duration (e.g. two days), but the `start` is not set, the `end` is set to the 90th day after the `start` is set.

Filing Fee = \$25.00