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To:

Division of Corporations

Fax Number.

: (850)617-6383

From:

: GASSMAN, CROTTY & DENICOLO, P.A. Account Name

iv.

Account Number: 075350000514 Phone

: (727)442-1200

Fax Number.

: (727)443-5829

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	SUNSET308 LLC ed Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on _	02/22/2017	and assigned
Florida document number <u>L17000041898</u>			
This amendment is submitted to amend the follo	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability company h	nere:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the	
Enter new principal offices address, if applic	able:		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Principal office address MUST BE A STREE	T ADDRESS)		
			1
		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:	:		
Mailing address MAY BE A POST OFFICE	BOX) ·		
B. If amending the registered agent and registered agent and/or the new registered of	ffice address bere:		the name of the no
Name of New Registered Agent:	<u>ALAN S. GASSMAN, ES</u>	iQ,	
New Registered Office Address:			
.	Fater Flo	orida street address	
	CLEARWATER Ctry	, Florida _	33756 Zip Code

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

06/07/2017 10:05AM FAX

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□ Remove

☐ 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			Ace		
Title	<u>Name</u>		Address	Type of Action	
AMBR	TONY GILLMAN	<u></u>	41548 TAMARA ST.	□ Add	
٠			NOVI. MI 48375	⊠ Remove	
:				Change	
MGR, AMI	BR LARRY GAULIN	-	2504 GULF BLVD UNIT 308	Add	
			INDIAN ROCKS BEACH, FL 33785	□ Remove	
				Change	
			it ye	Add	
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				□ Remove	
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•			Act.	□ Add	

07/2017 10:05AM FAX amending any other information,	enter change(s) here: (.	Attach additional sheets	図0004. , if necessary.)
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ffective date, if other than the date an effective date is listed, the date must be splote: If the date inserted in this block deocument's effective date on the Departm	oes not meet the applicable	statutory filing requireme	lays after filing.) Pursuant to 605.020 ents, this date will not be listed a
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ated IUNE 7	2017 2017		
Signa	ture of a thember or authorize	d representative of a membe	T
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	ALAN S. GASSMAN, Typed or printed m		

Page 3 of 3

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