

L17000048933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

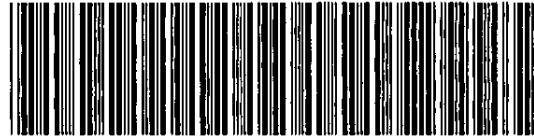
(Business Entity Name)

(Document Number)

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MAR 23 2017  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 MAR 22 AM 10:26

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNCOAST PROPERTY DEVELOPMENT, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LARRY A. WOSICK

Name of Person

SUNCOAST PROPERTY DEVELOPMENT, LLC

Firm/Company

14294 MOSSY OAK LANE

Address

MYAKKA CITY, FL, 34251

City/State and Zip Code

Larrywosick@gmail.com

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

17 MAR 22 AM 10:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Larry Wosick

Name of Person

at ( 941 ) 219 3499

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

SUNCOAST PROPERTY DEVELOPMENT, 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 3/2/2013 and assigned Florida document number L17000048933.

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**

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>
<u>MGR</u> <del>AMBR</del>	<u>WAYNE SMITH</u>	<u>14294 MOSSY OAK LANE</u>	<input type="checkbox"/> Add
		<u>MYAKKA CITY, FL, 34251</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u> <del>AMBR</del>	<u>WAYNE KING</u>	<u>14294 MOSSY OAK LANE</u>	<input checked="" type="checkbox"/> Add
		<u>MYAKKA CITY, FL 34251</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u> <del>AMBR</del>	<u>MATTHEW KING</u>	<u>14294 MOSSY OAK LANE</u>	<input checked="" type="checkbox"/> Add
		<u>MYAKKA CITY, FL, 34251</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u> <del>AMBR</del>	<u>LISE WOSICK</u>	<u>14294 MOSSY OAK LANE</u>	<input checked="" type="checkbox"/> Add
		<u>MYAKKA CITY, FL, 34251</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

STATE OF FLORIDA  
SECRETARY OF STATE  
FALL/ADD/10/10/06  
17 APR 22 AM 10:06

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

17 MAR 22 PM 10:26

17 MAR 22 PM 10:26

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 08-11-2001 BY 60322 UCBAW

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated MARCH 20<sup>th</sup>, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee