L17000121265

(Re	equestor's Name)
(Ac	ddress)
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(Ci	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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DIVISION OF CONTORATIONS

17 JUL 20 PH 3: 02

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COVER LETTER

Division of Corporations
SUBJECT: Sun City SDC Hangger, LLC.
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Begtriz Rodriguez Name of Person
Sun City SDe Hanager, LLC
777 Brickell Ave Suite 708
Miami, FC 33/3/ CityState and Zip Code beatriz @ 59910. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Begtviz Rodviguez at (305) 704-3107 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Certificate \text{ Copy (additional copy is enclosed)}\$\$ Certified Copy tadditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURTER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sun City SDC 1 (Name of the Limited Liability Compa (A Florida Limited	Langger, LLC inv as it now dippension our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000121265</u>	were filed on 06/02/26	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab South Bay SDC Hanag The new name must be distinguishable and contain the words "Limited Liab		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)		FILED T JUL 20 PH 3: 02 NASION OF COUNTY PARTY.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	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.

H 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>	Address	Type of Action
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Filing Fee: \$25.00