L17000121282

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COVER LETTER

Division of Corporations
SUBJECT: Sun City SDC, UC 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:
Beatriz Rodriguez Name of Person
Sun City SDC, LLC Firm/Company
777 Brickell Aue Suite 708
Migmi, FL 33/3/ City/State and Zip Code
E-mail address: to be used for future annual (eport notitication)
For further information concerning this matter, please call:
Beatriz Rodriguez at (305) 704-3107 Name of Person Area Code Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \$55.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate of Status & Certificate of Status & Certificate 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

FILED
101/ JUL 20 2
TALLAHAESLE, FLORID,
TOSEE, FLORID,

Sun City SDC 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 06/02/2017 and assigned Florida document number <u>L 17000121282</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: South Bay SDC, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Cire

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

or removed from our records: MGR = Manager AMBR = Authorized Member		Address Address FALLAHASSEE, FLORID; Add	
<u>Title</u>	<u>Name</u>	Address FALLAGIARY OF	4: 55 Type of Action
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fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and c	annot be prior to date of filing or more than 90 days after (fling.) Pursuant to be the applicable statutory filing requirements, this date will not be b
ocument's effective date on the Department of St	
	te, but not an effective time, at 12:01 a.m. on the ea
The 90th day after the record is filed.	
ned July 19th	2017
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Signature of a m	ember or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00