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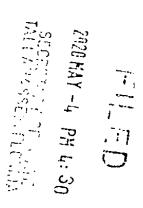
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Charles Instructions to Filing Officers
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Office Use Only



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Y SULKEP MAY 1 9 2020

SUBJECT: 3096 Sw Sunset Trace 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:
Alana Rubin Name of Person
3096 SW Sunset Trace LLC Firm/Company
4913 Brandywine Dr
Boca Raton FL 334.P7 City/State and Zip Code
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Comparations Street Address: Registration Section Division of Comparations

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

Registration Section

Division of Corporations

TO:

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

TO ARTICLES OF ORGANIZATION OF

3096 SW Sun	set Trace 1	LLC		
(Name of the Limited Liabi (A Flori	lity Company as it now appe da Limited Liability Company	ears on our records.)		_
The Articles of Organization for this Limited Liability Florida document number <u>L\7000\3f\b\2</u>		MARIAD	6/07/17 and	assignec
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company	here:		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the	e designation "LLC" or	r the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
			12.55 12.67 12.67	
			2020 HAV	1
Enter new mailing address, if applicable:			1	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(Muiling address MAY BE A POST OFFICE BOX)				[1]
				- T
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		records, enter the		new reg
Name of New Registered Agent:				
New Registered Office Address:				
-	Enter F	lorida street address		
	· · · · · · · · · · · · · · · · · · ·	, Florid		
	City	 :	Zip Co	de

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti
MGRM	Steve Rubin	4913 Brandymne Dr	
		Boca Raton FI 33487	□Remove
·			EChange
MGRM	Alama Rubin	4913 Brandywine Dr	□Add
		Boxa Raton FL 33487	□Remove
			defiange
			□Add
			□Remove
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			□Change

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(If an effective date	if other than the date of filing:(optional) is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	ctive date on the Department of State's records.
ne record specifies ord is filed.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a member or authorized representative of a member
	CM/M
	Signature of a member or authorized representative of a member Alana (245)
	Typed or printed name of signee