Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

: WILSON TAX & ACCOUNTING INC. Account Name

Account Number : [20150000]07 : (941)625-1925 Phone

(941)625-1526 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SORLUCCO ENTERPRISES LLC

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8/14/2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sorlucco Enterprises LLC			
(Name of the Limi	ied Liability Company as it now a (A Florida Lumited Embility Cump	ppears on our records.)	•
The Articles of Organization for this Limited L Florida document number <u>L17000141241</u>			_ and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compar	ny here:	
The new name must be distinguishable and contain the	words "Limited Lability Company,"	the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applie	zable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
		<u> </u>	
Enter new mailing address, if applicable:		<u>در</u> در	- 2
(Mailing address MAY BE A POST OFFICE			17
B. If amending the registered agent and registered agent and/or the new registered of	Vor registered office addres	s on our records, enter th	e name of the nev
Nunc of New Registered Agent:	Jo-Ann Sarlucco		
New Registered Office Address:	27145 Washington St En:	r Finrida street address	
	Punta Gorda	. Florida ³³⁹⁸	2
	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 filled 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

Page 1 of 3

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>	Name	Address	Type of Action
амвк ————	Jo-Ann Sortucco	27145 Washington Street	Add
		Punta Gorda, Fi. 33982	□ Remove
			☐ Change
AMBR	Joanna Gorneault	27145 Washington Street	
		Punta Gorda, FL 33982	Remove
			Change Change Add Change Change
			Change
			□ Add
			🗀 Change
			_□ Remove
			□ Change

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	<u> </u>
etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to our of the date inserted in this block does not meet the applicable ment's effective date on the Department of State's records. ecord specifies a delayed effective date, but not a elegate day after the record is filed.	e statutory thing requirements, this date with hor or itsies
d	
2 - 7	7
Signature of amember or authors	ed representative of a member

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