

L17000141241

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WILSON TAX & ACCOUNTING INC.
Account Number : I20150000107
Phone : (941)625-1925
Fax Number : (941)625-1526

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

Email Address: Lindsay@taxsaversfl.net

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

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2017 AUG 22 P 1:52

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AUG 23 2017

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sorlucco Enterprises 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 June 29, 2017 and assigned Florida document number L17000141241.

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 "L.L.C." 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: Ju-Ann Sorlucco

New Registered Office Address: 27145 Washington St

*Ent. = Florida street address**

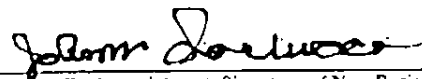
Punta Gorda, Florida 33982

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

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2017 JUN 22 P 52
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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>
AMBR	Jo-Ann Sorlucco	27145 Washington Street	<input checked="" type="checkbox"/> Add
		Punta Gorda, FL 33982	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joanna Gomeault	27145 Washington Street	<input type="checkbox"/> Add
		Punta Gorda, FL 33982	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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