## L17000 165588

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Amenders

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## **COVER LETTER**

| SUBJECT                 | r•                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                                                                                                                                                                                                                              |                                        |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| SUBJECT                 | ı÷                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of Limi                      | ited Liability Company                                                                                                                                                                                                                                                                                                                                       | <del> </del>                           |
| The enclos              | sed Articles of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Amendment and fee(s) are subr     | nitted for filing.                                                                                                                                                                                                                                                                                                                                           |                                        |
| Please reti             | ırn all correspo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ondence concerning this matter    | to the following:                                                                                                                                                                                                                                                                                                                                            |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CRAIG S. ESQUENAZI                |                                                                                                                                                                                                                                                                                                                                                              |                                        |
|                         | Name of Limited Liability Company  red Articles of Amendment and fee(s) are submitted for filing.  It all correspondence concerning this matter to the following:  CRAIG S. ESQUENAZI  Name of Person  FRAT HOUSE LLC  Firm/Company  1580 SANTA BARBARA BLVD  Address  THE VILLAGES. FL 32159  City/State and Zip Code  CORPORATE@PMACARE.COM  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  ESQUENAZI  Name of Person  Name of Person  Daytime Telephone Number  s a check for the following amount: |                                   |                                                                                                                                                                                                                                                                                                                                                              |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | FRAT HOUSE LLC                    |                                                                                                                                                                                                                                                                                                                                                              |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   | Firm/Company                                                                                                                                                                                                                                                                                                                                                 |                                        |
| 1580 SANTA BARBARA BLVD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |                                                                                                                                                                                                                                                                                                                                                              |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | · · · · · ·                       | Name of Limited Liability Company  and fee(s) are submitted for filing.  erning this matter to the following:  S. ESQUENAZI  Name of Person  OUSE LLC  Firm/Company  NTA BARBARA BLVD  Address  LLAGES. FL 32159  City/State and Zip Code  ATE@PMACARE.COM  E-mail address: (to be used for future annual report notification) is matter, please call:  at ( |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | THE VILLAGES, FL 3215             | 59                                                                                                                                                                                                                                                                                                                                                           |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CORPORATE@PMACAR                  | •                                                                                                                                                                                                                                                                                                                                                            |                                        |
|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del>-</del>                      |                                                                                                                                                                                                                                                                                                                                                              | ication)                               |
| For furthe              | r information o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | concerning this matter, please ca | ail:                                                                                                                                                                                                                                                                                                                                                         |                                        |
| CRAIG S                 | ESQUENAZI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | I                                 |                                                                                                                                                                                                                                                                                                                                                              |                                        |
|                         | Name c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | of Person                         | Area Code Daytime                                                                                                                                                                                                                                                                                                                                            | Telephone Number                       |
| Enclosed                | is a check for t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | he following amount:              |                                                                                                                                                                                                                                                                                                                                                              |                                        |
| □ \$25.0¢               | ) Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Certified Copy                                                                                                                                                                                                                                                                                                                                               | Certificate of Status & Certified Copy |
| \$25.00                 | ) Filing Fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                   | Certified Copy                                                                                                                                                                                                                                                                                                                                               | Certificate of State Certified Copy    |

MAILING ADDRESS:

TO:

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

| GILIGANS LANDING L.L.C.                                                                                                                                    |                                                                    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited )                                                                                               | any as it now appears on our records.) Liability Company)          |  |
| The Articles of Organization for this Limited Liability Company Florida document number L170000165588  This amendment is submitted to amend the following: | PH 1:43                                                            |  |
| A. If amending name, enter the new name of the limited liab                                                                                                | oility company here:                                               |  |
| The new name must be distinguishable and contain the words "Limited Liabi                                                                                  | ility Company," the designation "LLC" or the abbreviation "L.L.C." |  |
| Enter new principal offices address, if applicable:                                                                                                        | FRAT HOUSE LLC                                                     |  |
| (Principal office address MUST BE A STREET ADDRESS)                                                                                                        | 1580 SANTA BARBARA BLVD                                            |  |
|                                                                                                                                                            | THE VILLAGES, FL 32159                                             |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                                                                       |                                                                    |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her                                     |                                                                    |  |
| Name of New Registered Agent:                                                                                                                              |                                                                    |  |
| New Registered Office Address:                                                                                                                             | Enter Florida street address                                       |  |
|                                                                                                                                                            | Florida                                                            |  |
|                                                                                                                                                            | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>            | Address                                            | Type of Action |
|--------------|------------------------|----------------------------------------------------|----------------|
| MGR          | SUNS RILLC             | 25940 SAN RAFAEL COURT<br>HOWEY IN THE HILLS, FL   | Add            |
|              |                        | <del></del>                                        | ■ Remove       |
|              |                        |                                                    | Change         |
| MGR          | ALL ABOUT MEDICINE LLC | 1580 SANTA BARBARA BLVD<br>THE VILLAGES . FL 32159 |                |
|              |                        |                                                    | Remove         |
|              |                        | <del> </del>                                       | Change         |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)                                                                                                                                                                                                                                                                                |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
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|                                                                                                                                                                                                                                                                                                                                                                                      |                 |
| E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pure Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. |                 |
| f the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on tb). The 90th day after the record is filed.                                                                                                                                                                                                                                          | the earlier of: |
| Dated MAY 31 2019                                                                                                                                                                                                                                                                                                                                                                    |                 |
| (12012                                                                                                                                                                                                                                                                                                                                                                               |                 |
| Signature of a member or authorized representative of a member                                                                                                                                                                                                                                                                                                                       |                 |
| SUNDEEP SHAH/ SUNSTRILLC SUNSIRI LLC  Typed or printed name of signee                                                                                                                                                                                                                                                                                                                |                 |

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Filing Fee: \$25.00