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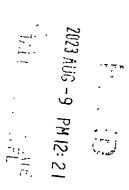
(Re	questor's Name)	
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☐ SICK-NB	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer.	

Office Use Only



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Ch Slaveldons

COVER LETTER

TO:

то:	Registration Division of	n Section Corporations				
CUDIE.		LEF NURSERY LLC				
SUBJEC	-1: <u></u> -	Name of	Limited Liability Company			
The encl	osed Articles	s of Amendment and fee(s) are	submitted for filing.			
Please re	eturn all corre	espondence concerning this ma	atter to the following:			
			LUISA E BIAGGINI			
			Name of Person			
			SUNCLEF NURSERY LLC			
			Firm/Company			
			3601 S.W 121 AVE			
			Address			
		DAVIE, FL 33330				
		City/State and Zip Code				
			info@sunclef.net			
		E-mail addre	ess: (to be used for future annual report no	tification)		
For furth	er information	on concerning this matter, plea	se call:			
	LU	JISA E BIAGGINI	954 607-0566 at ()			
	Nar	me of Person		me Telephone Number		
Enclosed	l is a check f	or the following amount:				
■ \$2 5.	.00 Filing Fe	e \$30.00 Filing Fee & Certificate of Statu	-	Sectificate of Status & Certificate Copy (additional copy is enclosed)		
	Mailing Add	dress: on Section	Street Address: Registration Se	ection		
	-	of Corporations	Division of Co			
	P.O. Box	6327	The Centre of	Tallahassee		
	Tallahasso	ce, FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 ALIC O DUID O.

SUNCLEF NU	JRSERY LLC		2023 AUS -9 P件12: 21
		any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I	Liability Company	were filed on 02/15/2018	
Florida document number L18000037805	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
N/A			
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:		N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or agent and/or the new registered office address: Name of New Registered Agent: New Registered Office Address:		address on our records,	enter the name of the new regist
		Enter Florida street	address
	N/A		, 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 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>	Address	Type of Action
AMBR	LUISA F BACLINI	11700 SW 2ND ST APT 202	🗎 Add
		PEMBROKE PINES, FL 33025	□Remove
		 ,	Change
			□Add
			□Remove
			□Remove
			□Change
			□Add
		 	Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			[]Change

· • •	Ve are adding a new Member Managed to the articles of the organization
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Effecti	ve date, if other than the date of filing: (optional)
lf an eff Note:	the date of filing. (optional) ective date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	08/03/2023
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Luisa E Biaggini Typed or printed name of signee

Filing Fee: \$25.00