L18000038865

((Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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COVER LETTER

SUBJECT:	Sugar Bea	r Realty LLC			\$
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		A
		Shawn L Honer			· · ·
			Name of Person		
			Firm/Company		
		124 Stapleton Dr			
		Leesburg, GA 31763	Address		_
		shawn.honer@yahoo.com	City/State and Zip Code	-	_
			to be used for future annual	report notification)	
For further in	nformation c	oncerning this matter, please c	ail:		
Shawn L. F	loner		229 338 at ()	38857	
	Name o	f Person	Area Code	Daytime Telephone Nun	nber
Enclosed is	check for th	ne following amount:			
≅ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certi losed) Certil	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	55411	DVC 4 NAMESC.	grotet	SCAUDIED AMADES	·.

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

ARTIC	CLES OF AMENDMENT
•	TO LES OF ORGANIZATION OF iability Company as it now appears on our records.) forida Limited Liability Company)
ARTIC	LES OF ORGANIZATION 💢 🐾
	OF *
Sugar Bear Realty LLC	
(Name of the Limited 1 (A)	iability Company as it now appears on our records.) Torida Limited Liability Company)
	e, é
The Articles of Organization for this Limited Liabi	lity Company were filed on Feb 12, 2018 and assigned
Florida document number L18000038865	
This amendment is submitted to amend the following	uĝ:
A. If amending name, enter the new name of the	e limited liability company here:
Sugar Bear Properties LLC	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Parameter in the control of the cont	
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u></u>
	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:	
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, 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>	Type of Action
	Tekita Honer		
AMBR			■ Add
·			
			☐ Remove
			Change
			to Change
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		57 h	
			□ Remove
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			□ Add
			_
			□ Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
If the record 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 record is filed.
Dated April 29 . 2019. Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Shawn L Honer Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00