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> FILED 18 May -7 PM 3: 42 Secretary of State

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### **COVER LETTER** .

TO: Registration Section Division of Corpo	on rations		
SUBJECT:	MONT4'S	SUNDOWNERS	LLC
	Name of Limite	ed Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
	STEP	HEN T KNEAPL	ER.
		Name of Person	
		•	
		Firm/Company	
	100 5	oreal coul 6	V-0 704
	1330	CORAL WAY, 50	217 E 300
	HIAI	HI FL 33145	
		City/State and Zip Code	01
	F-mail address: (to	DE used for future annual report no	titication)
For firther information con	cerning this matter, please call	·	
To further information con	cerning this matter, prease can	i.	
<u>Stephen</u>	J KNEAPCER	at (365) 807 - Dayti	-5174
Name of P	'erson	Area Code Dayti	me Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

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

	FILED	
18	May -	
SEC	MAY -7 PM 3	: 4:
411	GETARY OF STA	**

MONTY'S SUNDOWNERS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 3/19/2018 The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L18000071038 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MONTY'S SUNSET SUNDOWNERS, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LI.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: New Registered Office Address: Enter Florida street address

#### 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 = M	lanager Luthorized Member	FILED	•
Title	<u>Name</u>	18 MAY -7 PM  Address SECRETARY OF ST  ALL AMASSEE, FLO	3: 42 Type of Action
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Filing Fee: \$25.00