N1800000 87386

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(orginalisticity)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Boodinest (Validaes)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

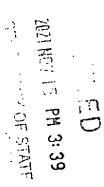
Office Use Only

A RIVERS
DEC DJ. JAJ.



100376431771

11/15/21--01024--024 **60.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sundrop Restal Properties IIC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Judith Gulon Name of Person
Surdrop Rental Properties IIC
105 Garnett Baron Rd
Scate Rosa Beach, FL 32459 City/State and Rip Code,
E-mail address: (to be used for fugire annual report notification)
For further information concerning this matter, please call:
William Mank at (803) 4 (00-65) 8 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limite	pany at it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ny were filed on $4/6/2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia The new name must be distinguishable and contain the words "Eimited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mo 110
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	105 Garnett Bayan Rd Sonte Rosa Beach, FL 32459
agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Sant	Enter Florida street address 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>	Name A	Address	Type of Action
	ND		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□ Add
			□Remove

_	
_	
-	
-	
•	
-	
_	
_	
-	
_	
_	
-	
-	
-	
-	
_	
Note:	ve date, if other than the date of filing:
e recor rd is til	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 .	11/12/21
	Trolith Dillan
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00