118000113599

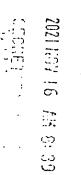
(Ře	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	11/16	0/21

Office Use Only



400375560614

10/27/21--01007--007 **25.00





2021 101 16 54 12: 20

FLORIDA DEPARTMENT OF STATE **Division of Corporations**

November 9, 2021

OKEITH BREGOFF 516 INDIAN LILAC ROAD VERO BEACH, FL 32963

SUBJECT: BIG PINE KEY SUNSET LIMITED LIABILITY COMPANY

Ref. Number: L18000113599

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

If amending the Authorized Person(s), select the "Type of Action" for MGPA DAWN V. BREGOFF

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 421A00027327

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Big Pine Key Sunset LLC 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:
Keith Bregoff Name of Person
Firm·Company
516 Indian Cilac Road
Vero Black + L 32963
+ OP Law 1 & Comcastoned E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Koith Bread 3772 538 541
Name of Person at (Daytime Telephone Number Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigci \text{\$30.00 Filing Fee & }\Bigci \text{\$55.00 Filing Fee & }\Bigci \text{\$60.00 Filing Fee, }\Bigci \text{\$Certificate of Status & }\Bigci \text{\$Certified Copy }\Bigci \text{\$(additional copy is enclosed)} \text{\$Certified Copy }\Bigci \text{\$(additional copy is enclosed)}

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	OF		ALE D	
Big Pine Key (Name of the Limited Liability) (A Florida Li	SUNSE!	Live 131 te	EN THE SCHOOL	shity
		- L/-	R C	mita
The Articles of Organization for this Limited Liability Con Florida document number <u>L80001135</u>	$\frac{1}{2}$	on <u> </u>	and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability compa	ny here:		
The new name most be distinguishable and contain the words "Limite	d Liability Company.	"the designation "LLC	" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u></u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on (our records, <u>enter</u>	the name of the nev	<u>v registered</u>
Name of New Registered Agent:				
New Registered Office Address:	Fire	er Florida street addres	, r	

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	Address	Type of Action
16R	Dawn V. Bregoff	516 Indian Lilac Rd	Add
	J	SIG Indian Lilac Rd Vero Brach, FL 32963	 □Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			- Change

(If an c) Note:	tive date, if other than the date of filing:
he reco	ord 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 filed.
Datec	$\frac{10/23(2)}{200}$
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	Ko; +h 1)/690 th