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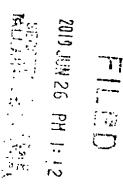
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## BOLZ & BOLZ Attorneys at Law

5 Harvard Circle, Suite 100 West Palm Beach, Florida 33409

(561) 686-4800 Fax No. (561) 686-8883

June 25, 2019

Florida Department of State Attn: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Fl. 32301

Re: SUNFLOWER PROPERTIES OF FLORIDA LLC

Dear Sir/Madam:

Enclosed please find the original Articles of Amendment to Articles of Organization in regards to the above captioned LLC for filing with the Department of State. Please return the original filed copy of the Articles of Amendment to Articles of Organization to our office once it is available. We have enclosed our check in the amount of \$60.00 for the necessary filing fees.

Thank you for your cooperation and assistance in this matter.

rv truly yours.

Állisón Barr Paralegal

/ab

enclosures

Federal Express

#### **COVER LETTER**

ision of Corp	porations				
		DA LLC			
	Name of Limi	ted Liability Company			
I Articles of A	Amendment and fee(s) are subr	mitted for filing.			
all correspo	ndence concerning this matter	to the following:			
	CHARLES S. BOLZ				
		Name of Person	<del></del>		
	HORIZON TITLE SERVI	CES, INC.			
Firm/Company					
	5 HARVARD CIRCLE, SI	UITE 100			
		Address			
	WEST PALM BEACH, FI	. 33409			
		City/State and Zip Code			
	iliamogil@me.com				
	E-mail address: (	to be used for future annual report notifi	cation)		
nformation c	oncerning this matter, please ca	all:			
S. BOLZ		561 686-4800			
Name o			Telephone Number		
a check for th	ne following amount:				
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)		
	nformation cos. BOLZ Name of	Name of Limit Articles of Amendment and fee(s) are substantial correspondence concerning this matter.  CHARLES S. BOLZ  HORIZON TITLE SERVING  5 HARVARD CIRCLE, SI  WEST PALM BEACH, FI  iliamogil@me.com  E-mail address: (information concerning this matter, please can be can be called a check for the following amount:  Filing Fee   S30.00 Filing Fee &	SUNFLOWER PROPERTIES OF FLORIDA LLC  Name of Limited Liability Company  Articles of Amendment and fee(s) are submitted for filing.  all correspondence concerning this matter to the following:  CHARLES S. BOLZ  Name of Person  HORIZON TITLE SERVICES, INC.  Firm/Company  5 HARVARD CIRCLE, SUITE 100  Address  WEST PALM BEACH, FL 33409  City/State and Zip Code  iliamogil@me.com  E-mail address: (to be used for future annual report notifinformation concerning this matter, please call:  S. BOLZ  Name of Person  a check for the following amount:  Filing Fee  S30.00 Filing Fee & Certificate of Status  Certified Copy		

MAILING ADDRESS: Registration Section

TO:

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 3230!

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNFLOWER PROPERTIE			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	and assigned		
Florida document number L1900006626			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		7.0	
(Principal office address MUST BE A STREET ADDRESS)		9	
Enter new mailing address, if applicable:		26 PH	
(Mailing address MAY BE A POST OFFICE BOX)		7 7	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	The state of the s	er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	<del> ,</del>	
	. Florida		
	City , Florida	Zıp 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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<u>te:</u> 11	f the date inserte	d in this block d	es not meet	the applicabl	date of filing or e statutory fil	more than 90 day ng requirement	s after filing.) s, this date w	Pursuant to 605 vill not be liste
umer	nt's effective dat	e on the Departr	nent of State	's records.				
reco	ord specifies a	ı delayed effe	ctive date	, but not a	ın effective	time, at 12:	01 a.m. o	n the earlie
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Typed or printed name of signee

Filing Fee: \$25.00