

L19000024139

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000282299 3)))



H190002822993ABC9

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LATHAM, SHUKER, EDEN & BEAUDINE, LLP
Account Number : I20000000025
Phone : (407)481-5800
Fax Number : (407)481-5801

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: cdass@LATHAMLUNA.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSET COVE RETAIL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

19 SEP 20 PM 2:31

FILED

2019 SEP 20 AM 11:13

2019 SEP 20 PM 2:31

From:

09/20/2019 10:49

#997 P.002/005

((H19000282299 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSET COVE RETAIL, 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:

Carissa Dass

Name of Person

Latham, Luna, Eden & Beaudine LLP

Firm/Company

111 N. Magnolia Ave., Suite 1400

Address

Orlando, Florida 32801

City/State and Zip Code

cdass@latham luna.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carissa Dass

407 481-5800

Name of Person

at ()

Area Code

Daytime 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

((H19000282299 3)))



H190002822993ABC9

From:

09/20/2019 10:49

#997 P.003/005

(((H19000282299 3)))
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNSET COVE RETAIL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 29, 2019 and assigned
Florida document number L19000024139

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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:

LLEB AGENT SERVICES, INC.

New Registered Office Address:

111 N. MAGNOLIA AVE., SUITE 1400

Enter Florida street address

ORLANDO

City

Florida 32801

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

(((H19000282299 3)))



H190002822993ABC9

From:

09/20/2019 10:50

#997 P.004/005

((H19000282299 3)))

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>	<u>Type of Action</u>
MGR	Sunveer Lally	3535 West Colonial Drive	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

((H19000282299 3)))

Page 2 of 3



H190002822993ABC9

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Filing Fee: \$25.00

FILED
19 SEP 20 PM 2:31
FBI - NEW YORK