L19000072136

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COVER LETTER

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orum mozow.		Realty. LLC		
SUBJECT:		Name of Lim	ited Liability Company	, ————————————————————————————————————
The enclose	d Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Charlene Talaia		
			Name of Person	
		Sunsational Realty, LLC		
		7.	Firm/Company	
		11456 75th Ave.		
		<u></u>	Address	
		Seminole, FL 33772		
		Char@SunsationalRealty.co	City/State and Zip Code	***************************************
		E-mail address: (to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
Charlene T	'alaia		727 422-9597 at ()	
· · · · · · · · · · · · · · · · · · ·	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne 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:

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 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunsational Realty, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our red Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on March 20, 201	and assigned
Florida document number L19000072136	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDR	ESS)	26 2
Enter new mailing address, if applicable:		SSE 3 F
(Mailing address MAY BE A POST OFFICE BOX)		F. JAR. D.
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		ords, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	ldross
	gaier i un ad sireer da	
	Cirv	, Florida Zip Code
Nine Designated Assessed Assessed Sciences of shanging Designatored	•	•

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
MGR	Kenneth Keefe	111 2nd Ave. NE. Suite 213	_
- -		St. Petersburg. FL 33701	Add
		31. Fetersoung. FE 33701	Remove
			Change
			□ Add
			Remove
			☐ Change
			19 &
			AHASSET
			ARCY OF STATE OR LINE
			BAdd
			□ Remove
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Should be: Charlene TALAIA	
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fective date, if other than the date of filing:	(optional)
fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing One: If the date inserted in this block does not meet the applicable statutor	ig or more than 90 days after filing.) Pursuant to 605
cument's effective date on the Department of State's records.	y ining requirements, this date will not be how
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record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	live time, at 12.01 a.m. on the earn
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(1M- 10/1)	
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Typed or printed name of signce

Filing Fee: \$25.00