L19000074216

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor		•			
•	Partners LLC	•			
SUBJECT:	Name of Lim	ited Liability Company			
The make and Asiabas of	A down A d G (-) 1				
	Amendment and fee(s) are sub ndence concerning this matter	-			
riease return an correspon	ndence concerning this matter	to the following:			
	Glenn Sands				
		Name of Person	·		
	Sun Group Partners LLC			N 3	
	·	Firm/Company		2023 AUG	4
	309 Eagleton Estates Dr.			5.50%	-
		Address		25 -	-
	Palm Beach Gardens, FL 3	3418		2023 AUG 25 PH 12: 40	
	gsa6591@gmail.com	City/State and Zip Code		: 0	
	E-mail address: (to be used for future annual report notificat	ion)		
For further information co	oncerning this matter, please ca	all:			
Glenn Sands		561 727-9488 at ()			
Name of	Person		lephone Number		
Enclosed is a check for th	e following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	
Mailing Address Registration S		Street Address: Registration Section	n		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

SUN GROUP PARTNERS 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 $\frac{05/10/2018}{1}$ and assigned Florida document number L19000074216 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 "LLC." 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: New Registered Office Address: Enter Florida street address

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

__, Florida ___

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>	Address	Type of Action
AMBR	Brent Sands	309 Eagleton Estates Dr. PBG,FL 33418	= Add
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te: If the date inserted in t	his block does not meet the applic	able statutory filing requ	irements, this date wi	ill not be listed a
ument's effective date on	the Department of State's records.			
cora specifies a delayed et s filed.	fective date, but not an effective ti	ime, at 12:01 a.m. on the	earlier of: (b) The S	0th day after the
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