## 490000 17182

(Re	equestor's Name)	-
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	<i>⊋</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	<u>,                                     </u>
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JUL 2 7 2019 CAC

## **COVER LETTER**

TO: Registration Secti Division of Corpo			_
SUBJECT: 835	2 SE SU	NSET STR	EET, LLC
SUBJECT:		ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	AARON	ZAMBO Name of Person	<del></del>
	8352 50	E SUNSET Firm/Company	STREET LIC
	2355 N	IE OCEAN	BLUD # 11A
		Address	
	STUART	City/State and Zip Code	<del>296</del>
	0.0.00	City/State and Zip Code	1 001
	E-mail address: (t	o be used for future annual re	port notification)
For further information con	cerning this matter, please ca	ill:	
AARON 7A	MBO	at ( <u>808)</u> (	31-1543
Name of P	erson	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 enclo	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
• - • •	G ADDRESS:	STREET/ Registratio	COURIER ADDRESS:
	of Corporations	_	f Corporations
	see, FL 32314		eutive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SE SUNSET STREET, LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 3/22/19 and assigned
This amendment is submitted to amend the following:	₹1.00 <u> </u>
A. If amending name, <u>enter the new name of the limited liabili</u>	ty 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)	2355 NE OCEAN BLVD : # 11A : STUART, FL 34996
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Z355 NE OCEAN BLVD #11 A STUDET, FL 34996
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	
Name of New Registered Agent: AARON	ZAMBO
New Registered Office Address: 2355	NE OCEAN BLVD#IIA
STUM	2T Florida 34996  Zip Code
Now Registered Agent's Signature if changing Registered Agent:	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th 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, <u>enter the title, name, and address of each person\_being adde or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	1031 EXCHAGE SERVICES, LLC	341 MILKLERS RD	🗆 Add
		ST. AUGUSTINE FL 32680	Remove
			Change
AMR	MILLS, SISAN	341 MICKLES RO	Add
		ST AUGUSTINE, FA 32080	Remove
			Change
MGR	AARON ZAMEO	2355 NE OCEAN BLU	Add
		# 11A	□ Remove
		STUART, FC 34996	□ Change
			□ Add
		waste	□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			_□ Remove
			Change

II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
the red ) The	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier $\epsilon$ 90th day after the record is filed.
Dated	July 18 2019.
	Signature of a member or authorized representative of a member  Signature of MILLS  Typed or printed name of signee
	SKALAL MILLS

Page 3 of 3

Filing Fee: \$25.00