L19000078192

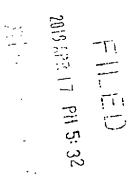
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Amend

APR 2.4 2019 I ALBRITTON

COVER LETTER

Division of C	orporations		
SUNLII SUBJECT:	NK REALTY LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JOHN M. NOONAN		
		Name of Person	
	SUNLINK REALTY LLC		
		Firm/Company	
	1503 LEGENDS BLVD.		
		Address	
	DAVENPORT, FL 33896		
	prgnoonan@gmail.com	City/State and Zip Code	
		to be used for future annual report notil	fication)
For further information	n concerning this matter, please ca	all:	
JOHN M. NOONAN		270 933-0133	
	e of Person		e Telephone Number
Nettin	, or reison	Area Code Dayume	retephone 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:

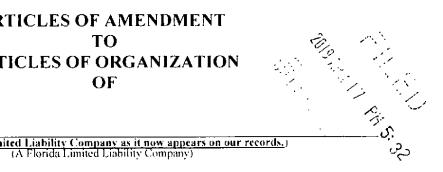
TO:

Registration Section

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



SUNLINK REALTY 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 Comp	pany were filed on .	MARCH 20,2019	and assigned
Florida document numberL19000078192	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		. Florida	
	City		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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGMR	JOHN M. NOONAN PRESIDENT	6091 MASTES BLVD. ORLANDO, FL. 32819	
			□ Add
			☐ Remove
			☐ Change
AMBR	BRIAN JOSEPH BRANNIGAN VICE PRESIDENT	1503 LEGENDS BLVD. DAVENPORT, FL. 33896	■ Add
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
			Add
			Remove
			Change

	JOHN MICHAEL NOONAN, AS PRESIDENT AND MANAGING MEMBER, IS AN OFFICER OF THE CORPORATION
	BRIAN JOSEPH BRANNIGAN, AS VICE PRESIDENT AND AUTHORIZED MEMBER OF THE CORPORATION
(Ifan) <u>Not</u> e	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	APRIL 8 2019
171110	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	JOHN M. NOONAN

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00