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(Re	equestor's Name)	
(Ad	ldress)	
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(Cir	ty/State/Zip/Phone	e #)
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COVER LETTER

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TO:	Registration Se Division of Cor	ction porations		
SUBJEC		ldings, LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		John P Laudenslager		
			Name of Person	
		John P Laudenslager, PA		
			Firm/Company	
		PO Box 1460		
			Address	
		Nokomis, FL 34274		
			City/State and Zip Code	
		jpl@jplpa.com	to be used for future annual report no	utitication)
For further	er information c	oncerning this matter, please c	·	
John P L	.audenslager		941 485-0225	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
≣ \$25.0	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 Addres		Street Address:	action
	Registration S		Registration S	

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sulmor Holdings, LLC				·	
(Name of the Limited	I Liability Compa A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>rds.</u>)		
The Articles of Organization for this Limited Lia Florida document number L19000145540	bility Company	were filed on 5/31/2019		_ and assigne	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here;			
Three Sisters of Sarasota, LLC					
he new name must be distinguishable and contain the wo	rds "Limited Liabil	lity Company," the designation "LL	.C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5438 Ashton Ct, Unit B			
		Sarasota, FL 34233	717	610,	
· · · · · · · · · · · · · · · · · · ·	<u></u>		<u> </u>)30 (-:-
Enter new mailing address, if applicable:		5438 Ashton Ct, Unit B	: -	6-1	-,
(Mailing address MAY BE A POST OFFICE BOX)		Sarasota, FL 34233	-	2	•
			Γ	+-	
 If amending the registered agent and/or regent and/or the new registered office address 	here:		r the name o	of the new re	gist
Name of New Registered Agent:	Deborah A Sul	livan	.		.
New Registered Office Address:	5438 Ashton C	t, Unit B			
		Enter Florida street addr	ess		
	Sarasota	, F	Florida 34233	3	
		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.

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Deborah A Sullivan	5438 Ashton Ct, Unit B	□Add
		Sarasota, FL 34233	□Remove
		·	≣Change
MGRM	Westport Capital BR, LLC	PO Box 1460	
	Nokomis, FL 34274	■ Remove	
			☐Change
AR	John P Laudenslager	PO Box 1460	□Add
		Nokomis, FL 34274	■Remove
			□Change
			🗀 Add
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			∏ Change

Page 2 of 3

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing: October 31, 2019 (optional) ficetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	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.
	November 21 2019
Dated	· · · · · · · · · · · · · · · · · · ·
Dated	· · · · · · · · · · · · · · · · · · ·
Dated	Deborah A - Sullivan Typed or printed name of signee

Page 3 of 3