

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sulmor Holdings, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John P Laudenslager at (941) 485-0225
Name of Person 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 enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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**

Sulmor Holdings, 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 5/31/2019 and assigned Florida document number L19000145540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Three Sisters of Sarasota, LLC

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:

5438 Ashton Ct, Unit B

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34233

Enter new mailing address, if applicable:

5438 Ashton Ct, Unit B

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34233

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:

Deborah A Sullivan

New Registered Office Address:

5438 Ashton Ct, Unit B

Enter Florida street address

Sarasota

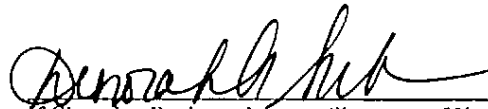
City

Florida 34233

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, 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>	<u>Type of Action</u>
MGRM	Deborah A Sullivan	5438 Ashton Ct, Unit B	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Westport Capital BR, LLC	PO Box 1460	<input type="checkbox"/> Add
		Nokomis, FL 34274	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	John P Laudenslager	PO Box 1460	<input type="checkbox"/> Add
		Nokomis, FL 34274	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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