# L19000160618

(Red	questor's Name)		
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(City	//State/Zip/Phone	e #)	_
PICK-UP	☐ WAIT	MAIL	
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(Doc	cument Number)		_
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Office Use Only



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### **COVER LETTER**

Registration Se Division of Cor			
:Т: <u>(</u>	Dun Carmen Name of Limit	Management ted Liability Company	LLC
losed Articles of	Amendment and fee(s) are subn	nitted for filing.	
eturn all correspo	ndence concerning this matter t	o the following:	
	Chris	Hopher Toesir	20
	Sun Carr	Men Manageme	ent LLC
	6998 N 1	US Hwy 27, St	114
	L'ISACOC E-mail address: (te	City/State and Zip Code  Calabove September 1  One of September 1	2 xfies.com
urther information co	oncerning this matter, please ca	11:	
Robe Name o	H Desino	at <u>352</u> ) <u>615</u> Area Code Daytin	ne Telephone Number
losed is a check for th	ne 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

Sun Carmen M	langaement LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
rticles of Organization for this Limited Liability Company a document number	were filed on
imendment is submitted to amend the following:	
famending name, enter the new name of the limited liab	ility company here:
new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L.L.C" or the abbreviation "L.L.C."
er new principal offices address, if applicable:  Incipal office address MUST BE A STREET ADDRESS)	6998 N USHWY 27, Ste 114 Ocala, FL 34482
ter new mailing address, if applicable: <u>lailing address MAY BE A POST OFFICE BOX</u> )	6998 N US Hwy 27, St. 114 Ocala, FL 34482
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:  Doc 1	Stopher Desino NUSHWY 27 St 114 Enter Florida Prese address
<u>OCA</u>	City Florida DTT & Z
New Registered Agent's Signature, if changing Registered Agent:	021 J
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or if this document is

If Changing Registered Agent, Signature of New Registered Agent

ding Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added wed from our records:

	nager thorized Member		
	<u>Name</u>	Address	Type of Action
1R	Lisa Rogers	16251 SE 27th Place Rd OCKLAWaha, FL 32179	_ □Add
		OCK-10Waha, FL 32179	- Remove
			□Change
GR	Christopher Dosino	6998 N US Hwy 275td	14 Xdd
			_ □Remove
			□Change
			□ Add
			□Remove
			Change
<del></del>	<del></del>		□ Add
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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reffectiv <u>te:</u> If th	date, if other than the date of filing:
cord sp s filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	1-26- 2021
	Signature of a member or authorized representative of a member
	Christopher Desino