## L19000183402

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PICK-UP WAIT MAIL
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(Document Number)
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## COVER LETTER :

	gistration Sec vision of Corp		. •	
•	·	ORDA ISLES SUNSET RENT	ALS. LLC	
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	d Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	ı all correspor	ndence concerning this matter	to the following:	
		ROBERT A. MARQUETT	re	
			Name of Person	
			Firm/Company	
		701 AQUI ESTA DRIVE.	LOT #173	
			Address	
		PUNTA GORDA, FL 339.		
		ramsore (	City/State and Zip Code  Dexine Code  to be used for future annual report not	ification)
For further i	nformation co	oncerning this matter, please ca		
ROBERT A. MARQUETTE		at (419) 400	- 90 33	
	Name of	f Person	Area Code Daytin	ie Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 NOV 30 PH 5: 36 PUNTA GORDA ISLES SUNSET RENTALS, LLC, a Florida Limited Liability Company

( <u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appears or aability Company)	i our records.)	1.7
The Articles of Organization for this Limited L	iability Company	were filed on <u>07/15/</u>	2019	and assigned
Florida document number <u>L19000183402</u>	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the <u>limited liab</u> i	ility company here:		
N/A				
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the desig	nation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applic	N/A			
(Principal office address MUST BE A STREE	ET ADDRESS)			
		N/A	<u>-</u>	
Enter new mailing address, if applicable:	nath.			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	· · ·	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ss here: MARQUETTE		rds, <u>enter the nan</u>	ie of the new regis
Name of New Registered Agent:		<u>.</u>		
New Registered Office Address: 701 AQUI ES		A DRIVE, LOT #173		
New Registered Office Address:			sireet address	
New Registered Office Address:	PUNTA GORI		Florida _ <sup>33</sup>	0.50

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
MGR	MARQUETTE, CHERYL L	(deceased July 1, 2023)	DAdd
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ffective date, if other than the an effective date is listed, the date mote: If the date inserted in this ocument's effective date on the	block does not meet the applica	able statutory filing requ	optional) n 90 days after filing.) Pursi irements, this date will r	uant to 605.020' not be listed as
	'			
record specifies a delayed effect is filed.	ive date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90tl	i day after the
August 28,	2023			
_		<i>i</i> .		
Rob	ent a. Illarguett			
Rob	est a. Marg with Signature of a member or author	orized representative of a n	emher	

Filing Fee: \$25.00