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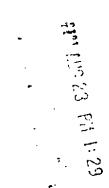
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COVER LETTER

ro:	Registration Section Division of Corporations
SUBJE	CT: Syntise Cove LLC Name of Limited Liability Company
The enc	closed Articles of Amendment and fee(s) are submitted for filing.
lease r	return all correspondence concerning this matter to the following:
	Mitchell H. Berger Ebo. Name of Person
	Mitchell H. Berger, Esq. 24 Park Ave West Orange, N.J. 07052
	City/State and Zip Code M M D L G L . COM E-mail address: (to be used for future annual report notification)
or furtl	her information concerning this matter, please call: Hohell Gerger Low, at 913, 325-8150 Name of Person Area Code Daytime Telephone Number
\ /	is a check for the following amount: .00 Filing Fee

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

Sunrise Cove LLC

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	-i.5 -i.4 -i.5
	*
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
New Registered Office Address: 4629 Saint Paker 3 hurg	The ZIZIK Mirebella Court Enter Florida street address City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
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 pleing 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 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>		Address	Type of Action
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				□Remove
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				□Remove
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tive date, if other than the date of filing: [ffective date is listed, the date must be specific and cannot be prior to date of file. If the date inserted in this block does not meet the applicable statutement's effective date on the Department of State's records.	(optional) illing or more than 90 days after filing.) Pursuant to 605.02 fory filing requirements, this date will not be listed.
ord specifies a delayed effective date, but not an effective time, at 12:	01 a.m. on the earlier of: (b) The 90th day after th
iled.	
m/1	
Signature of a member or authorized repre	Sentative of a member