

L20 000046979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

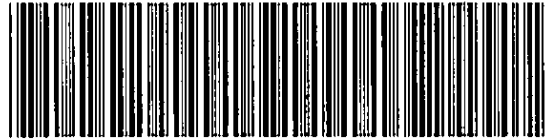
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

2/11/21
Special Instructions to Filing Officer:

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11/30/20--01007--038 **25.00

FEB . . .

2021 FEB 11 PM 4:21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 15, 2021

MICHAEL COIFFI
SUNSET PROPERTY GROUP L.C.C
3102 CARL BOLTER DRIVE
DELRAY BEACH, FL 33444

SUBJECT: SUNSET PROPERTY GROUP L.L.C.
Ref. Number: L20000046979

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 121A00001078

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunset Property Group
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:

Michael Cioffi
Name of Person

Sunset Property Group
Firm/Company

3102 Carl Bolter Drive
Address

Delray Beach FL 33444
City/State and Zip Code

Sunsetpropertygroup@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Cioffi at (518) 542-9025
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**

Sunset Property Group L.L.C.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2/10/2020

The Articles of Organization for this Limited Liability Company were filed on 11/21/20 and assigned
Florida document number L20000046979

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Michael Crofti

New Registered Office Address:

354 Sandalwood Lane

Enter Florida street address

Boca Raton

City

Florida

33487

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.

Michael Crofti

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>
MGR	Michael Cioffi	3102 Carl Baker Drive	<input checked="" type="checkbox"/> Add
	void BNF	Delray Beach FL 33444	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Michael V. Cioffi	354 Sandalwood Lane	<input checked="" type="checkbox"/> Add
		Boca Raton, FL 33487	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Principal address + mailing address change to
354 Sandalwood Lane
Boca Raton, FL 33487

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated February 2nd 2021

Brittany Cioffi

Signature of a member or authorized representative of a member

Brittany Cioffi

Typed or printed name of signee