## L20000059208

| (Requestor's Name)                      |
|-----------------------------------------|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|                                         |
|                                         |
|                                         |





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FILED 2020 DEC 21 PK 3: 37

1/21/21

## **COVER LETTER**

| TO: Registration S<br>Division of Co  |                                                     | . ,                                                                 |                                                                                            |  |  |
|---------------------------------------|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--|--|
| SUBJECT:                              | Sunrise Construction G                              | Froup of the Emerald Coa                                            | ·<br>ist-LLC                                                                               |  |  |
|                                       | Name of Lim                                         | ited Liability Company                                              | ······                                                                                     |  |  |
| The enclosed Articles of              | Amendment and fee(s) are sub                        | omitted for filing.                                                 |                                                                                            |  |  |
| Please return all corresp             | ondence concerning this matter                      | to the following:                                                   |                                                                                            |  |  |
|                                       |                                                     | Gordon Wuthrich                                                     |                                                                                            |  |  |
|                                       |                                                     | Name of Person                                                      |                                                                                            |  |  |
|                                       | Sunrise Construction Group of the Emerald Coast LLC |                                                                     |                                                                                            |  |  |
|                                       | Firm/Company                                        |                                                                     |                                                                                            |  |  |
|                                       | 1924 Benton Ave                                     |                                                                     |                                                                                            |  |  |
|                                       |                                                     | Address                                                             |                                                                                            |  |  |
|                                       |                                                     | Niceville, FL 32578                                                 |                                                                                            |  |  |
|                                       |                                                     | City/State and Zip Code                                             |                                                                                            |  |  |
|                                       |                                                     | nriseconstructiongroup.  to be used for future annual report        |                                                                                            |  |  |
| For further information               | concerning this matter, please c                    | ·                                                                   |                                                                                            |  |  |
| Jennifer Hall                         |                                                     | at (850)                                                            | 353-2851                                                                                   |  |  |
| Name                                  | of Person                                           | Area Code Da                                                        | sytime Telephone Number                                                                    |  |  |
| Enclosed is a check for t             | 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 |                                                     | Street Addres<br>Registration                                       |                                                                                            |  |  |
| Division of Corporations              |                                                     | Division of                                                         | Corporations                                                                               |  |  |
| P.O. Box 6327                         |                                                     |                                                                     | of Tallahassee                                                                             |  |  |
| Tallahassee, FL 32314                 |                                                     | 2415 N. Monroe Street, Suite 810                                    |                                                                                            |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|                                                                                                         | on Group of the Emerald                                           |                             |                     |
|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|---------------------|
| ( <u>Name of the Limited Liab</u><br>(A Flori                                                           | lity Company as it now appears (<br>da Limited Liability Company) | on our records.)            |                     |
| The Articles of Organization for this Limited Liability Florida document number L20000059208            | Company were filed on2                                            | 21 February 2020            | _ and assigned      |
| This amendment is submitted to amend the following:                                                     |                                                                   |                             |                     |
| A. If amending name, enter the new name of the lin                                                      | nited liability company hero                                      | 2:                          |                     |
| The new name must be distinguishable and contain the words "Li                                          | mited Liability Company," the desi                                | gnation "LLC" or the abbre  | eviation "L.L.C."   |
| Enter new principal offices address, if applicable:                                                     |                                                                   |                             | 20\$                |
| (Principal office address MUST BE A STREET ADD                                                          | RESS)                                                             |                             | - <del>8</del> n    |
|                                                                                                         |                                                                   |                             | · 8 T               |
|                                                                                                         |                                                                   |                             | <u> </u>            |
| Enter new mailing address, if applicable:                                                               |                                                                   |                             | 呈り                  |
| (Mailing address MAY BE A POST OFFICE BOX)                                                              |                                                                   |                             | <u> </u>            |
| Maning duaress MAT BE A TOST OFFICE BOX                                                                 |                                                                   |                             | <u>-</u>            |
| B. If amending the registered agent and/or register agent and/or the new registered office address here |                                                                   | ords, <u>enter the name</u> | of the new register |
| Name of New Registered Agent:                                                                           |                                                                   |                             |                     |
| New Registered Office Address:                                                                          |                                                                   |                             |                     |
|                                                                                                         | Enter Florid                                                      | a street address            |                     |
|                                                                                                         |                                                                   | Florida                     |                     |
|                                                                                                         | City                                                              |                             | 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

ii 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          |
|--------------|---------------------------|---------------------|-------------------------|
| AMBR         | Christopher Bundren       | 1926 Benton Ave     | 🗆 Add                   |
|              |                           | Niceville, FL 32478 | ■Remove                 |
|              |                           |                     | Change                  |
| AMBR         | Christian Taylor Andersen | 4201 Commons Dr W.  | <b>=</b> Add            |
|              |                           | Destin, FL 32541    | □Remove                 |
|              |                           |                     | 2020 Change DEC 27 Addt |
|              |                           |                     | .: 65 <u>T</u><br>      |
|              |                           |                     | Remove                  |
|              |                           |                     | ພ<br>□Change            |
|              | <del></del>               |                     | □Add                    |
|              |                           |                     | □Remove                 |
|              |                           |                     | Change                  |
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|              |                           |                     | Remove                  |
|              |                           |                     | Change                  |
|              |                           |                     | □Add                    |
|              |                           | <del></del>         | □Remove                 |
|              |                           |                     | ∏Change                 |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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. 15 December 2020 Dated \_\_\_ Signature of a member or authorized representative of a member

PULL D. COSAA

Gordon Wuthrich
Typed or printed name of signee