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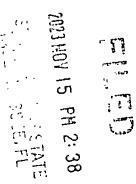
: (Requestor's Name)	
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12/4/23



COVER LETTER

SUBJECT:	PLACE IN THE SUN REAL ES	TATE, ELC.	
	Name of Funt	ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	nuted for filing.	
Please return all corresp	ondence concerning this matter to	o the following:	
	NE	COLERADIGER	
		Name of Person	 :-
	11.4	ARDING BELL INTERNATIONAL.	INC
		Firm Company	· ·
	11:	S PONTO FOC PLAZA	
		Address	-
		PBURNDALE, FL 33833 City State and Zip Code	
		ERVICES(a HBITAX,COM	
	E-mail address, ite	be used for future annual report notifica-	tion)
For further information	concerning this matter, please cal	1:	202
NICOI	1 RADIGER	968-1910	24 816
Name	of Person	Area Code Daynme To	elephone Number 1997
Enclosed is a check for	the following amount:		elephone Number 2:3
8/825,00 Filing Fee	☐ \$30.00 Eding Lee & Certificate of Status	S55 00 Filing Lee & Certified Copy (additional copy is enclosed)	Certificate of Status de Certified Copy tadditional copy is enclosed)
Mailing Addr	ess:	Street Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section

Division of Corporations

TO:

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

PLACE IN THE SUN REAL ESTATE, LLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number = 1.20000105347	vere filed on APRIL 16, 2020	and assigned
This amendment is submitted to amend the following.		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y 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)	<u>.</u> ,	
		2023
B. If amending the registered agent and/or registered office at agent and/or the new registered office address here:	ldress on our records, enter the na	inc of the new registered
age in amount the new registered office address were.		
Name of New Registered Agent:		
Name of New Negistered Agent.		111 3
New Registered Office Address:	Enter Florida street address	
		39 ATE
	, Florida _	Ziv Code
No. 10 April	Cny	Zip C viii
New Registered Agent's Signature, if changing Registered Agent:		
Thereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p		

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

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

. .

Title	<u>Name</u>	Address	Type of Action
MMBR	INFINITY SUNSETS INC	8501 PLACIDA RD.	XAdd
		SUITE A3	TRemove
		PEACIDA, FL 33946	□Change
MMBR	RUIZ, MADELINE	8501 PLACIDA RD.	□Add
		SUITE A3	XRemove
		PLACIDA, FL 33946	□Change
MGR	RUIZ, MADELINE	8501 PLACIDA RD.	XAdd
		SUITE A3	□Remove
		PLACIDA, FL 33946	
4			Change DAdd5
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•			TH W
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			□Remove
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Filing Fee: \$25.00