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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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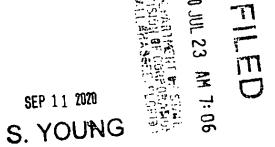


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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Cor	porations		
subject: <u>S/</u>	UTE LIFE PRO Name of Lim	DPERTIES & SOL	LUTIONS LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Sa	indra L. Cook	e e
	SUITELIA	FIROPERTIES & S. Firm Company	OLUTIONS LLC
	5310 N. K	Pome Ave Address	
	Tar	NPA FL 3360 City/State and Zip Code OOKE 9 @ ao/. C	13-1523
	Sweetc E-mail address: (OOKE 9 @ ao/. C	DM (lication)
For further information e	oncerning this matter, please ca	all:	4
Sandva Name o	r L. COOKL	at (<u>813</u>) BJB Area Code Daytime	3310 876-3310 - Telephone Number
Enclosed is a check for the	ne following amount:		
\$\square \\$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 Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Or /
	MA
(Name of the Limited	A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia Florida document number 42000 183	bility Company were filed on Tune 30, 2020 and assigned 345
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable:	NA
Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or registered office address	gistered office address on our records, <u>enter the name of the new registered</u> here:
	SANDRA L. COOKE
Name of New Registered Agent:	SHORA L. COOKE
New Registered Office Address:	Enter Florida street address
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sandra L. Cooke	5310 N. Rome Assence	Add
		5310 N. Rome Assenue Tampa, FL 33603	□Remove
			□Add
			URemove
			□Change
			OAdd
			□Remove
	``.		□Change
			□Add
			□Remove
			Change
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			□Remove
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offective d	ate is listed, the	date must be spe	cific and cannot	be prior to date	e of filing or me	re than 90 da	ys after filing.)	Pursuant to 605.0	0207 (
		n the Departm			aaunory ming	requiremen	us, ims date v	vill not be lister	i as i
	fies a delayed	effective date.	but not an eff	ective time, a	t 12:01 a.m. o	n the earlie	r of: (b) The	90th day after t	the
s filed.	/ /								
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/			7/11/11	\ \ /i/	X(1				
_	<u> </u>	Signati	re of a member	or authorized	representative (il a member			
	•	,							
		\sim	ANDRA Typed						