170000 186946

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/23/2020		**WALK	[N##
ENTITY NAME SAILBO	ATS AND SUNFLOWERS LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED AND RETURN		
XXXX	Plain Copy	. •	:
	Certified Copy		
	Certificate of Status		
/ 	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY OF DESTINAT			
NUMBER OF CERTIFICAT	TES REQUESTED		
TOTAL OWED \$25.00	ACCOUNT #: I2016000007	2	-
Please call Tina at th	he above number for any issues or concerns. Thank you so	much!	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sailboats and Sunflowers LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company were filed on 07-01-2020			
Florida document number L20000186946		~	
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	ility Company," the designation "LLC" or the	ne abbreviation "L.1. C."	
Enter new principal offices address, if applicable:	15841 Wilkinson DR		
(Principal office address MUST BE A STREET ADDRESS)	Clermont, FL 34714	e2a	
		冒 "印	
		23	
Enter new mailing address, if applicable:	15841 Wilkinson DR	≥ 1 1	
Mailing address MAY BE A POST OFFICE BOX)	Clermont, FL 34714		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, <u>ent</u> e:	ter the name of the	
New Registered Office Address:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Cin:	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, 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	Gabbie Dubeau	15841 Wilkinson DR	
		Clermont, FL 34714	
		Cicinolit, 115 34714	Remove
			☐ Change
AMBR	Jonah Swanson	16713 Sarahs Place	Add
		2-103	
			🖹 Remove
		Clermont, FL 34714	Change
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ective date, if other than t	the date of filing:	(ontional)	
effective date is listed, the date	must be specific and cannot be prior to dat	(optional) e of filing or more than 90 days after filing.) Pursuant to statutory filing requirements, this date will not be	605.02
ument's effective date on the	Department of State's records.	talulory trining requirements, this date will not be	nstea
record specifies a delay he 90th day after the r	red effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on the ea	arlier
12-22	. 2020		
ea			
/S/ Gabbie Dub			

Page 3 of 3

Filing Fee: \$25.00