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COVER LETTER

то:	Registration Se Division of Cor			
C1:D1E/		ET BRIDGE LLC		
SOBJEC	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		ASHRAF AHMED		
			Name of Person	
		NATIONWIDET TAX LL	.C	
			Firm/Company	
		24756 STATE ROAD 54 S	SUITE 105	
			Address	
		LUTZ, FL 33559		
			City/State and Zip Code	
		AAHMED@NATIONWID	ETAX-US.COM	
		E-mail address: (to be used for future annual report not	ification)
For furth	ner information c	oncerning this matter, please ca	all:	
ASHRA	F AHMED		813 586-1065	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$2 5.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ection
	Division of C		Division of Co	-
	P.O. Box 632 Tallahassee, I		The Centre of 1 2415 N. Monro	rananassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE SUNSET BRIDGE LLC				
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on our records d Liability Company)	F)	
The Articles of Organization for this Limited I Florida document number L20000234629	- •	ny were filed on 08/04/2020	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	ibility company here:		
SHEHAB REALTY LLC				
The new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or agent and/or the new registered office addre	•	e address on our records, <u>enter t</u>	the name of the new registered	
Name of New Registered Agent:	<u>N/A</u>			
New Registered Office Address:		Enter Florida street address		
		Liner Piorida Meet address		
			orida	
		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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	N/A		□Add
			□ Remove
			□ Remove
			Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
			□Remove
		-	☐ Change
			□ Add
			□Remove
			☐ Change

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