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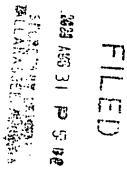
(Requestor's Name)	_
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Sun Estate	e Ventures, LLC		
		Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Hannah Denney		
			Name of Person	
		Guardian Law, LLC		.
			Firm/Company	
		770 E Main St Ste 2		
			Address	
		Lehi, UT 84043		
		hannah@guardianlaw.	City/State and Zip Code com	
			to be used for future annual report notil	lication)
For further	information co	oncerning this matter, please c	all;	
Hannah (at (844) 409-1122	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for the	e 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)
M	ailing Address	:	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

Sun Estate Ventures, LLC			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records liability Company)	_)	
The Articles of Organization for this Limited Liability Company Florida document number L20000237133.	were filed on August 6, 202	0	and assigned
Torida document number [22000257 105.			
This amendment is submitted to amend the following:		113 × 25.0	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	#£ 74# KK∧55	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abb	reviation "L.[70"
Enter new principal offices address, if applicable:		100	り ご
Principal office address MUST BE A STREET ADDRESS)			\$5 Fig
Section and the second discussion of the section of	5201 42nd Ave. N		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	St. Petersburg, FL 33709		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name	of the new registe
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
	Enter Florida street address		
	Flo	rida	
	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>	<u>Name</u>	Address	Type of Action
MGR_	Romelo Roman		□Add
			□Remove
		5201 42nd Ave. N St. Petersburg, FL 33709	}_
			□ Add
			□Remove
			□Change
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ffective date, if other than the date of filing:	otional) fler (iling.) Pursuant to 605.0207 (3) this date will not be listed as 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
d is filed.	
Dated August 17 2020	$1MOn_{\sim}$

Filing Fee: \$25.00