120000376937

(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	☐ MAIL
		L. WINE
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	J. HORNE	=
	AUG 2 9 202	
	20 2 3 202	44

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
		;	
SUBJECT:	Name of Limi	ted Liability Company	
m to the state	C	and the Char	
Please return all corresp	ondence concerning this matter t	to the following:	
	Ed Sandler		
		Name of Person	
Subject: Subject Subj			
			
			
	Casselberry Fl 32707		
		City/State and Zip Code	
	- -	o be used for future annual report notific	ation)
Eu-Combon in Companion			unon,
	concerning this matter, please ca		
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
Ճ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status &
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Sect	ion

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



Suncrest Realty LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company vi Florida document number L20000376937	vere filed on Dec 2 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 Liability	ry Company," the designation "LLC	"O" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	AN		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new registered	
Name of New Registered Agent: NA			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street addre	iss .	
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as positing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	ind I am familiar with and . F.S. Or, if this document is	

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
AMBR	Silvia C Sandler	610 Swallow Dr Casselberry Fl 32707	■Add
			□Remove
			□ Change
			□Add
			□ Remove
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Effective dat	e, if other than	the date of fili	ng:		or more than 90 days a	otional)	
(If an effective dans Note: If the o	te is listed, the date	must be specific a	nd cannot be prior	to date of filing o	or more than 90 days a iling requirements,	fler filing.) Pursuant t	o 605.0207 e listed as
	fective date on th				ning requirements,	this date will not be	e noteu ao
-	ies a delayed effe	etive date, but n	ot an effective t	ime, at 12:01 a.	m. on the earlier of	(b) The 90th day	after the
ord is filed.							
June 91 Dated	h 2022		4:20 pm				
Dated			_ '				
	f(Q)	Som of	t .				
	-cc	3000	<u> </u>				_
_		Signature of	a member or auth	orized representa	tive of a member	•	
	Sandler	Signature of	a member or auth	orized representa	tive of a member	•	

Filing Fee: \$25.00