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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
| (Document Number) |
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CORPORATE ACCESS, ___

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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| XX | CERTIFIED COPY PHOTOCOPY | - | | | |
| | CUS | | | | |
| XX | FILING | LLC A | MEND | | |
| 1. | RUM RUNNER RV RESC (CORPORATE NAME AND DOCUMEN | | <u> </u> | | |
| 2. | (CORPORATE NAME AND DOCUMEN | NT #) | | | |
| 3. | (CORPORATE NAME AND DOCUMEN | NT #) | | • | |
| 4. | (CORPORATE NAME AND DOCUMEN | NT #) | | <u>.</u> | |
| 5. | (CORPORATE NAME AND DOCUMEN | NT #) | • | | |
| 6. | (CORPORATE NAME AND DOCUMEN | NT #) | | | |
| SPECIA INSTRU | L CTIONS: | | | | |
| | | | - - | | - |

COVER LETTER

| Div | rision of Co | rporations | | |
|-------------------|--|---|--|---|
| CUD IECT. | | er RV Resort LLC | | |
| SUBJECT: | | Name of Lin | nited Liability Company | |
| The enclosed | d Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return | all correspo | ondence concerning this matter | to the following: | |
| | | Tristan Farrell | | |
| | | | Name of Person | |
| | | Rum Runner RV Resort L | LC | |
| | | | Firm/Company | |
| | | 3505 Koger Blvd, Suite 27 | 75 | |
| | | | Address | |
| | | Duluth, Georgia 30096 | | |
| | | tfarrell@sunlight-resorts.co | City/State and Zip Code | |
| | | | to be used for future annual report noti | fication) |
| For further in | nformation c | oncerning this matter, please c | all: | |
| Tristan Farro | ell | | 678 698-4059 | |
| | Name o | f Person | | e Telephone Number |
| Enclosed is a | check for th | ne following amount: | | |
| ≣ \$25.00 F | iling Fec | S30.00 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) |
| Reg Div P.O | ling Address gistration S rision of C D. Box 632 lahassee, I | Section orporations 7 | Street Address: Registration Second Division of Core The Centre of Tallahassee, FL | porations 'allahassee e Street, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| Rum Runner RV Resort LLC | | |
|---|---|----------------------------|
| (Name of the Limited Lish) (A Flori | lity Company as it now appears on our records.) do Limited Liability Company) | 3 |
| The Articles of Organization for this Limited Liability | Company were filed on March 9, 2021 | and assigned |
| Fiorida document number | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| The new name must be distinguishable and contain the words "Li | mited Liability Company." the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| COMPLETE STATE BOX | | |
| | | |
| B. If amending the registered agent and/or registere agent and/or the new registered office address here: | ed office address on our records, enter the | name of the new registered |
| N. CN. B. L. M. | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | Zip Code |
| | ···· | up 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 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 |
|--------------|----------------------------------|-----------------------|----------------|
| MGR | LD Sunlight Holding Company, LLC | 3505 Koger Blvd | |
| | | Suite 275 | |
| | | Duluth, Georgia 30096 | - a |
| | | | □Add |
| | | | □Remove |
| | | | Change |
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| | | | □Remove |
| | | | [] Change |

| provisio | ons, conditions, and covena | ents by which the Comp | pany will be gover | ned. | |
|--------------------------|---|---|------------------------|--|---------------------------------------|
| The Co | mpany shall be manager-m | nanaged. | | | |
| | | | <u> </u> | | |
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| ective dat | e, if other than the date | of filing: | | (option | nal) |
| n effective d | are is listed, the date must be splate inserted in this block d | pecific and cannot be prior | to date of filing or n | ore than 90 days after f | ling.) Pursuant to 605 020 |
| cument's e | ffective date on the Departs | ment of State's records | | ig requirements, this | late will not be listed a |
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| ecord speci is filed. | fies a delayed effective date | e, but not an effective to | ime, at 12:01 a.m. | on the earlier of: (b) | The 90th day after the |
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| ted | July 29th | | | | |
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