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R. HUNT 03/27/23

OUT DE LEI
TO: Registration Section Division of Corporations
SUBJECT: Lufka Wesley Chapel LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Danielle Howard Name of Person Lufka Wesley Chapel LLC Firm/Company 27221 SR 5le Address
Wesley Chapel FL 33544 City/State and Zip Code Light Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Danielle Howard at (813) 514-3348 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Second Filing Fee Second Filing Fee & Second Filing Fee & Second Filing Fee & Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations

P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lufka Wesley	Chapel LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our recording the Liability Company)	ds.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000176887</u> .	were filed on $4 - 16 - 7$	2021	an	d assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Sustain M.E. 110				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the ab	breviatio	n "L.L.C."
Enter new principal offices address, if applicable:			[]	
(Principal office address MUST BE A STREET ADDRESS)		,~ ·	_ <u>3</u> _	
		35.01	2.	Tables
Enter new mailing address, if applicable:		3.50 J.	HI C	
(Mailing address MAY BE A POST OFFICE BOX)		FLE	: မ	
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:				
New Registered Office Address:			•	
estication and the second	Enter Florida street address			
	, Flo	rida		
	City		Zip Co	de

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:

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