

L21000273217

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone : (813)435-3176

Fax Number : (813)333-6358

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: SpradlinLaw@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNCOAST ECLIPSE, LLC**

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JAN 05 2023

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SUNCOAST ECLIPSE, 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 were filed on 06/11/2021 and assigned
Florida document number L21000273217

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

980 North Federal Highway

Suite 110 PMB 1042

Boca Raton, FL 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

980 North Federal Highway

Suite 110 PMB 1042

Boca Raton, FL 33432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	NICKOLAS SPRADLIN	18301 N. DALE MABRY HWY	<input type="checkbox"/> Add
		STE 119	<input checked="" type="checkbox"/> Remove
		LUTZ, FL 33548	<input type="checkbox"/> Change
MGR	ALPHA DURANCE, LLC	980 North Federal Highway	<input checked="" type="checkbox"/> Add
		Suite 110 PMB 1042	<input type="checkbox"/> Remove
		Boca Raton, FL 33432	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505.0207 (3)(b)

If 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 record is filed.

Signature of a member or authorized representative of a member

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