

L21000294050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200369204502

07/06/21--01025--014 **25.00

2021 JUL -6 PM 1:41
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN HOUSE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MEGHAN WOOD

Name of Person

Firm/Company

8719 S U.S. HIGHWAY 1

Address

PORT ST. LUCIE, FL 33309

City/State and Zip Code

MEGHAN.WOOD777@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGIA SMITH, CPA

954 368-6670 - office

at ()
Name of Person Area Code

(305) 794-8075 - cell.

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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 HOUSE 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 JUNE 24, 2021 and assigned
Florida document number 121000294050.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Florida

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MEGHAN WOOD	8719 S U.S. HIGHWAY 1	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	SUZETTE WOOD	8719 U.S. HIGHWAY 1	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUL -6 PM 1:41
PORT ST. LUCIE, FL 34952

2021 JUL -6 PM 1:41
PLAID, SCOTLAND

2221 JUL -6 PM 1:41
ALL
FPLA 44-34111 FLORIDA

(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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated JUNE 30, 2024

Smith

Signature of a member or authorized representative of a member

GEORGIA SMITH, CPA - Authorized Representative
Typed or printed name of signee

Typed or printed name of signee

THOMPSON-SMITH CPA, LLC
3801 W COMMERCIAL BLVD STE 14
FORT LAUDERDALE FL 33309-3320

1076

63-27/631 FL
985

DATE 6/30/2021

PAY TO THE ORDER OF Florida Department of State \$ 25.00
Twenty-five and 00/100 DOLLARS

Bank of America

ACH R/T 063100277

FOR Sun House LLC - Amend.

[Signature]

⑈001076⑈ ⑆063100277⑆ 229053304518⑈