

121000315355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

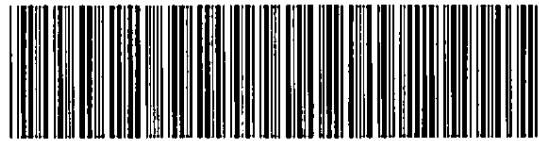
(Document Number)

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08/05/21--01016--023 \*\*25.00

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Sunshine State Realty of North Florida 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:

Taurean Johnson

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

99 North Twin Maple Rd.

\_\_\_\_\_  
Address

St. Augustine FL 32084

\_\_\_\_\_  
City/State and Zip Code

johnsontaurean22@gmail.com

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

For further information concerning this matter, please call:

Taurean Johnson

904

at ( )

Area Code

Daytime Telephone Number

~~904-3675~~

540-3675

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**

Sunshine State Realty of North Florida LLC

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(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 07/09/2021 and assigned  
Florida document number L21000315355.

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**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Taurean Johnson	99 North Twin Maple Rd.	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joann Johnson	605 PARKER CT.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James Randy Johnson Sr.	605 PARKER CT.	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Catherine Achat	5256 TENNIS COURT CIRCLE	<input type="checkbox"/> Add
		TAMPA, FL 33617	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Taurean Johnson	99 North Twin Maple Rd.	<input checked="" type="checkbox"/> Add
		St. Augustine FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

An owners distribution of ~~20%~~ <sup>the</sup> net profit will be administered on a monthly basis.

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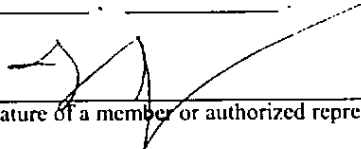
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Taurean Johnson

\_\_\_\_\_  
Typed or printed name of signee