

h21000318321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

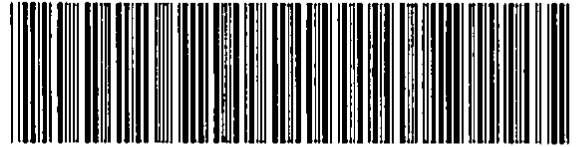
Certified Copies _____ Certificates of Status _____

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A. RIVERS

DEC - 3 2021



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11/01/21--01039--021 **60.00

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2021 NOV 24 PM 1:42
SCT. CLERK OF STATE
J. J. RIVERS



20211113 09:11:08:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 13, 2021

KRISTIE REESE
37420 MERIDIAN AVE
DADE CITY, FL 33525

SUBJECT: SUNSTATE PROPERTIES OF PASCO LLC
Ref. Number: L21000318321

We have received your document for SUNSTATE PROPERTIES OF PASCO LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

NEED TITLES OF AUTHORIZED PERSONS TO MANAGE

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 921A00027588

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSTATE PROPERTIES OF PASCO

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:

Kristie Reesc

Name of Person

Firm/Company

37420 Meridian Ave

Address

Dade City, FL 33525

City/State and Zip Code

kreese345@gmail.com

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

For further information concerning this matter, please call:

Kristie Reese

813

463-6657

at (_____) _____

Name of Person

Area Code

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**

SUNSTATE PROPERTIES OF PASCO 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 9/24/2021 and assigned
Florida document number L21000318321.

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

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

2021 NOV 04 PM 1:42
FILED
CLERK OF STATE
TALLAHASSEE, FL

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>
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MGR	Sean Drummond	55 Underhill Crt	<input checked="" type="checkbox"/> Add
		Alliston, ON L9R 1V2	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Kimberley Drummond	55 Underhill Crt	<input checked="" type="checkbox"/> Add
		Alliston, ON L9R 1V2	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGR	Ashley Correia	37412 Meridian Ave	<input checked="" type="checkbox"/> Add
		Dade City, FL 33525	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

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 09/24 2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kristie Reese

Typed or printed name of signee

Filing Fee: \$25.00