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(Requestor's Name)	_
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PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	_
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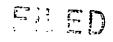
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COVER LETTER

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SUBJECT	SUNPAZ I	PROPERTY MANAGEMENT	, LLC	
NUBJECT	· 	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	irn all correspe	ondence concerning this matter	to the following:	
		ADRIANA CASTILLO H	IGGINS	
			Name of Person	
			Firm/Company	
		4501 SW 30 WAY		
			Address	
		FT LAUDERDALE FL 3	3312	
			City/State and Zip Code	
		ADRIANA.HIGGINS1@G		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
ADRIANZ	A CASTILLO	HIGGINS	954 3256783X	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne 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)
	lailing Addres		Street Address: Registration Se	ection
	egistration of C		Division of Co	
P	.O. Box 632	7	The Centre of	•
Ţ	allahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 OCT 21 PM 12: 34

SUNPAZ PROPERTY MANAGEMENT, LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on (Liability Company)	our records.)	OF STATE
The Articles of Organization for this Limited Liability Company	were filed on 07/30/20)21	and assigned
Florida document number L21000345661			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designa	ution "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	ds, <u>enter the name of</u>	the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Florida		
	City	, riorida Ž	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agrovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my a provided for in Chap	luties, and I am fami er 605, F.S. Or, if th	liar with and his document is
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>	Address	Type of Action
MGR	GERMAN ENRICI	1864 ANDROMEDA LN	□Add
		WESTON FL 33327	X Remove
MGR	KARINA BUSTOS	1864 ANDROMEDA LN	X Add
		WESTON FL 33327	□Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
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record speci is filed.	fies a delayed effecti	ive date, but no	t an effective	time, at 12:01	a.m. on the ea.	rlier of: (b)	The 90th day a	fter the
OCTO	BER 10		. 2021	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ntle			
ated				X				

Filing Fee: \$25.00