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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : 120070000020 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:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNCOAST CHOICE, LLC

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

SUNCOAST CHOICE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000418303}{L21000418303}$.	were filed on 09/22/2021	and assigned
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 designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: 2139 N University Dr.		
(Principal office address MUST BE A STREET ADDRESS)	≠ 2006	
	CORAL SPRINGS, FL 33071	
Enter new mailing address, if applicable:	2139 N University Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	W3004	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	me of the new registered
New Registered Office Address:		21
	Enter Florida street address Florida	
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Code Cn
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and c, if this document is

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	SUNCOAST CHOICE TRUST	2139 N University Dr.	bbA≣
		#2005	□Remove
		CORAL SPRINGS, FL 33071	
MGR	NICKOLAS SPRADLIN	18801 N. DALE MABRY HWY	
		\$UITE []9	⊐n
		LUTZ FLORIDA 33548	□Change
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ffective date, if other than the an effective date is listed, the date in	he date of filing:			optional)	
an effective date is listed, the date n	oust be specific and cannot b	e prior to date of filin	g or more than 90 day	s after filing.) Pursuant to	605.0207
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	copariment of State 3 fc	corus.			
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record specifies a delayed effect Lis filed.	ave date, but not an effec	tive time, at 12:01	a.m. on the earlier	of: (b) The 90th day o	fter the
is med.					
12/19	2022				
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