

L21000474896

Florida Department of State
Division of Corporations
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H210004173903ABC.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LAW OFFICE OF PAUL A. KRASKER P.A.
Account Number : 120090000078
Phone : (561)801-7312
Fax Number : (561)515-3904

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: pkasker@kaskerlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNNILAND PROPERTIES LLC

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850-617-6381 11/12/2021 2:22:18 PM PAGE 1/001 Fax Server



November 12, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUNNILAND PROPERTIES LLC
PO BOX 1997
LABELLE, FL 33975

SUBJECT: SUNNILAND PROPERTIES LLC
REF: L21000474896

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Is Wayne Capling to be removed and add Robert Wayne Capling, JR?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000417390
Letter Number: 321A00027544

It is the same person, need to
update to legal name of
Robert Wayne Capling, Jr.

Thank you!!

11210004173903

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNNILAND PROPERTIES 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:

PAUL A. KRASKER, ESQ.

Name of Person

THE LAW OFFICE OF PAUL A. KRASKER, P.A.

Firm/Company

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

PKrasker@kraskerlaw.com

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

2021 NOV 12 PM 5:05
FILED
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Andrea Murphy Snowden

561 515-4722

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUNNILAND PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 NOV 12 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 4, 2021

and assigned

Florida document number L21000474896

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

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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>
MGR	WAYNE CAPLING	P.O. BOX 1997	<input type="checkbox"/> Add
		LABELLE, FL 33975	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ROBERT WAYNE CAPLING, JR.	P.O. BOX 1997	<input type="checkbox"/> Add
		LABELLE, FL 33975	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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 November 10, 2021

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Signature of a member or authorized representative of a member

PAUL A. KRASKER

Typed or printed name of signee

Filing Fee: \$25.00