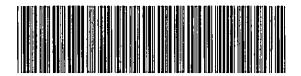
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(I	Requestor's Name)
	Address)
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	City/State/Zip/Phone #)
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A. BUTLER

JAN - 4 2022

COVER LETTER

	egistration So ivision of Co			
cunica		Property Management Services.	LLC	
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		Drew Carlyle		
			Name of Person	
		SunCoast Property Manag	ement Services, LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		175 107th Ave		
			Address	
		Treasure Island, FL 33706		
		drawayalah Olay asan	City/State and Zip Code	
		drewcarlyle@kw.com E-mail address: (to be used for future annual report no	tification)
For further	information c	concerning this matter, please e	•	
Drew Carly	yle		727 420-6973	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for the	he 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)
	ailing Addres		Street Address: Registration Se	ection
Division of Corporations		Division of Corporations		
Ρ.	O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SunCoast Property Management Services, LLC

3121 DEC 17 AT 5- UC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)) (E
The Articles of Organization for this Limited Liability C	Company were filed on 11/18/2021	and assigned
Florida document number L21000497331	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.,,</u>
(Principal office address MUST BE A STREET ADD	RESS)	-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, enter th	ne name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida

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 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 Drew Carlyle	Drew Carlyle	175 107th Ave	
		Treasure Island, FL 33706	■Remove
			□Change
AMBR	Drew Carlyle	175 107th Ave	= Add
		Treasure Isalnd, FL 33706	□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
-1-21-	
If an effect Note: If	date, if other than the date of filing: (optional) ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
ne record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 13, 2021.
	Signature of a member or authorized representative of a member
	Drew Cariyle
	Typed or printed name of signee

Filing Fee: \$25.00