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DATE: 01-03-22

NAME: SUNSET OASIS PROP LLC

TYPE OF FILING: ARITICLES OF AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sunset Oasis Prop LLC | | · . |
|---|---|-----------------------------|
| (Name of the Limited | d Liability Company as it now appears on our records.) A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lia | | and assigned |
| Florida document number L21000530508 | | |
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | |
| Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | <u></u> | |
| B. If amending the registered agent and/or re agent and/or the new registered office address | gistered office address on our records, enter th | e name of the new register |
| agent and/or the new registered office address | s ner c. | |
| Name of New Registered Agent: | | · · · · · · |
| New Registered Office Address: | Enter Florida street address | · . |
| | Emel 1 tortua su cer una ess | |
| | , Flori | Zip Code |
| | 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 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> | Type of Action |
|---------------------------|----------------------|---|----------------|
| AMBR | Christina Van Hoome | 437 Panarea Dr., Punta Gorda, Florida 33950 | □Add |
| | | | Remove |
| | | | □ Change . |
| AMBR Christina Van Hoorne | Christina Van Hoorne | 437 Panarea Dr., Punta Gorda, Florida 33950 | = Add |
| | | | □Remove |
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| lf amending | any other information, enter change(s) here: tAttach additional sheets, if necessal | ry.) |
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| Note: If the | te, if other than the date of filing: | g.) Pursuant to 605.020 e will not be listed as |
| ideument s e | meetive date on the Department of State 3 records. | |
| record speci d is filed. | ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) | he 90th day after the |
| Dated | 12-31-21 | |
| <u></u> | (1.14-14) | • |
| _ | Signature of a member or authorized representative of a member | , |
| | | |
| | harles W. Swafford | |

1000年8月19日

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