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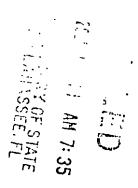
(Requestor's Name)
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06/11/24

### **COVER LETTER**

TO:

TO: Registration S  Division of Co				
	outh Holdings II, LLC			
SUBJECT:			_	
	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Sean Woehlert			
	-	Name of Person	<del></del>	
	Sunbay South Holdings II,	LLC.		
		Firm/Company		
	4325 Wallace Cir			
	Tampa, FL 33611	Address	LAHASSE	7
	seanwoehlert@gmail.com	City/State and Zip Code	E. FL	AH 7: 35
		to be used for future annual report notif	fication)	3
For further information of Sean Woehlert	concerning this matter, please c			
sean woemen		813 503-2386 at ( )		
Name o	of Person		e Telephone Number	_
Enclosed is a check for t	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 Certificate of Certified Cop (additional copy	Status &
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Second Division of Corporate Centre of Tallahassee, FL	porations Callahassee e Street, Suite 810	

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunbay South Holdings II, LLC (Name of the Limiter	Liability Company as it now appears on c	our records.)
\ <del></del>	Liability Company as it now appears on of Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia florida document number 1.22000023800		and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of	the limited liability company here:	
Sunbay Build & Design, LLC		
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designa	
Enter new principal offices address, if applica	ble: n/a	
Principal office address MUST BE A STREET	ADDRESS)	75 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
		En 1
Enter new mailing address, if applicable:	n/a	AH 7: SSEE, FI
Mailing address MAY BE <u>A POST OFFICE B</u>	OX)	35 L
B. If amending the registered agent and/or re agent and/or the new registered office address	9	ls, enter the name of the new regis
Name of New Registered Agent:	n/a	
New Registered Office Address:		
	Enter Florida st	reet 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ecord specifies a delayed effective date, but not a ne 90th day after the record is filed.	n effective time, at 12:	ur a.m	. on t	ne earne
<b>5</b>				
Thursday, Mayl5				
Scart tuel >			<u> </u>	··
Signature of a member or authorize	ed representative of a member			