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Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAMAS SEF STATE

Y. SCOTT APR - 9 2022

COVER LETTER

TO:

Registration Section

Division of Cor	porations						
	ne Real Estate, LLC						
SUBJECT:	Name of Lin	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	emitted for tiling					
	indence concerning this matter	_					
riease return an correspo	indence concerning this matter	to the following.					
	Susan LaGree						
		Name of Person	<u>~~~~</u>	~2			
	Sue Sunshine Real Estate,	LLC	E CRE	2022 MAR 29	النظية		
		Firm/Company	22	亲			
	192 Wickford St. E.		280 280				
		Address	E C	.– ⊒ <u>κ</u>			
	Safety Harbor, FL 34695		FIE	PH 4: 05			
		City/State and Zip Code					
	Suc@SueLaGreeRE.com						
For further information c	oncerning this matter, please c	to be used for future annual report no all:	uncation)				
Susan LaGree		727 742-3369					
Name o	f Person	at () Area Code Daytii	me Telephone Number				
Enclosed is a check for th	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filit Certificate Certified C (udditional co	of Stat	tus &		
Mailing Addres		Street Address:	action				
Registration Section Division of Corporations		Registration Section Division of Corporations					
P.O. Box 632	7	The Centre of	Tallahassee				
Tallahassee, I	L 32314	2415 N. Monre	oe Street, Suite 81	U			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sue Sunshine Real Estate, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/15/2022}{1}$ and assigned Florida document number <u>L220000</u>39685 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Susan LaGree, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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.

City

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>	<u>Address</u>	Type of Action
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			□Remove
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ective date, if other that neffective date is listed, the da te: If the date inserted in t	te must be specific and his block does not n	cannot be prior to	date of filing or m	ore than 90 day	ys after filin its this day	g.) Purst e will n	ant to 605.020
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Filing Fee: \$25.00