

L22000138943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

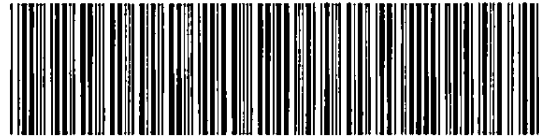
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY 16 PM 12:34

2023 MAY 16 PM 3:50

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 **\$30.00**

Authorization Signature: _____

Suncoast Event Rentals, LLC

Business Name

Doc. # **L22000138943**

___ Certified Copy of

X Certificate of Status

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Officer/Director
___ Limited Liability
___ Domestication
___ Other
___ **CORP**
___ **LLLP**

AMENDMENTS

X Amendment
___ Resignation of R.A.

___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ **Conversion**
___ **Amended and restated Articles**
___ **Statement of Authority**

OTHER FILINGS

___ Annual Report
___ Fictitious Name

___ APOSTILLE

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement

___ Other

Country

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNCOAST EVENT RENTALS, 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:

BRIAN J LACEY
Name of Person

SUNCOAST EVENT RENTALS, LLC
Firm/Company

4204 128th ST W
Address

CORTEZ, FL
City/State and Zip Code

BHLLACEY@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN J. LACEY at (703) 586 7021
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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

SUNCOAST EVENT RENTALS LLC

2023 JAN 16 PM 12:34

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 3/21/2022 and assigned
Florida document number L22000138943.

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)

4204 128th ST. W
CORTEZ FL 34215

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4204 128th ST. W.
CORTEZ, FL 34215

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:

BRIAN J. LACEY

New Registered Office Address:

4204 128th ST W

Enter Florida street address

CORTEZ

City

Florida

34215

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 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>
	DAVID C. DYER	4912 18th St. W, Apt A	<input type="checkbox"/> Add
		Bradenton FL 34207	<input checked="" type="checkbox"/> Remove
		PO 10618, Bradenton FL 34282	<input type="checkbox"/> Change
MGR	BRIAN J. LACEY	4204 128th ST W	<input checked="" type="checkbox"/> Add
		CORTEZ FL 34235	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHERY N. LACEY	4204 128th ST W,	<input checked="" type="checkbox"/> Add
		CORTEZ, FL 34215	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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