## L22 000 396 263

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## **COVER LETTER**

TO: Registration Se Division of Cor			•
Sunset Real	ty LLC	•	•
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Concy		
		Name of Person	
	John Coney LLC		
		Firm/Company	<del></del>
	6321 113th St Apt 602		
		Address	
	Seminole, FL 33772		
		City/State and Zip Code	
	officialjohnc123@icloud.co		
For further information of	E-mail address: ( concerning this matter, please c	to be used for future annual report n	otification)
John Coney	,	727 317-8937	
Name o	of Person	at () Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address: Registration	
Registration Division of O		Division of C	
P.O. Box 632	27	The Centre o	f Tallahassee
Tallahassee,	FL 32314	2415 N. Mor	roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET REALTY, 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 SEPTEMBER 12TH, 2022 and assigned Florida document number L22000396263 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JOHN CONEY LLC 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) 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 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
			□Add
			□Remove
		<del></del>	Change
			□Remove
			□Change
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			□Remove
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			Change
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Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this	s block does not in	eet the applicable s	e of filing or more than statutory filing requir	<b>(optional)</b> 90 days after filing.) Purs ements, this date will	mant to 605.0207 not be fisted as
	. Department of St				
document's effective date on the	1	and o records.			
document's effective date on the			it 12:01 a.m. on the e	arlier of: (b) The 90t	h day after the
document's effective date on the			it 12:01 a.m. on the e	arlier of: (b) The 90t	h day after the
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