L23000224751

	(Requestor's Name)
	(Address)
	(
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	
	J. HORNE JUL 28 2023
	J. HOW.
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Office Use Only



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TALLAHASSEE FLORIDA



COVER LETTER

Division of Corporations
SUBJECT: SUNSET WATER WAY CONSTRUCTION
Name of Emande Embring Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
RICARDO PONS
Name of Person
Firm/Company
1806 W NORFOLK ST
Address
TAMPA FL 33604
City/State and Zip Code
E-mail address: (to be used for future argual report notification)
For further information concerning this matter, please call:
Ricarbo BNS == (813)385-1271
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee \$\
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section

Division of Corporations P.O. Box 6327

Registration Section

TO:

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET WATER U (Name of the Limited Liability (A Florida L	Jay Construction 28Lic Company as it now appears on our records. Imited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L2300 224751</u>	mpany were filed on 05-08-2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited SUNSET WOTER WAY CO. The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ed Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Office address on our records, enter the name of the new registered CARDO PONS OG W NORFOLK ST Enter Florida street address TAMPA Florida 33604 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 added or removed from our records:

MGR = Manager

AMBR'= Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u> 46R</u>	Ricarbo Pons	1806 W NORFOLK ST TA FL 33604	MPA XIAdd
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(If an effective Note: If the	date, if other than the date of filing:
he record sp ord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>1/28</u> <u>2023</u> .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00