L23000270459

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COVER LETTER

Division of Corp			
SUBJECT: SC	LING Sunst	ine Real Esta	ate, LIC
	\mathcal{I}		
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter to	the following:	
	Christ	ne Fabian Name of Person	, , , , , , , , , , , , , , , , , , ,
	<u>Selling Su</u>	unshine Real E	State, LC
	142 E. Gra	anada Blvd., Ste.	le
	Ormand	Reach FL 321* City/State and Zip Code	76
	Nour fa F-mail address: (to	be real to @ and be used for future annual report rotif	nication)
For further information co	oncerning this matter, please cal	l:	
Christiv Name of	re Fabian Person		-3026 Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fcc	☐ \$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

O.		· · · · · · · · · · · · · · · · · · ·
Selling Sunshine R (Name of the Limited Liability Company)	Leal EState, LL (2) 18 as it now appears on our records.) 18 lability Company)	10 AH II: 26
The Articles of Organization for this Limited Liability Company of Florida document number 123000270459		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	ty Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office an agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new registere
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

Enter Florida street address

, Florida _

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

Title	<u>Name</u>	Address	Type of Action
MGR	Cheryl A. Gray	992 Shackney Dr. Ormand Beach, FL 32	□Add
	•	Ormand Beach, FL 32	74 XRemove
			□Change
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record specifies a delayer l is filed.	d effective date, but	t not an effectiv	e time, at 12:01	a.m. on the carli	erof:(b) Th	e 90th	day aft	er the
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