## 123000432342

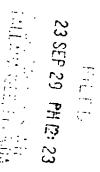
(Re	equestor's Name)		
(Ad	ddress)		
(Ad	idress)		
(Cit	ty/State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bu	usiness Entity Name)		
(Document Number)			
Certified Copies	Certificates of Status		
Special Instructions to Filing Officer.			
	J. HORNE OCT 1 2 2023		
	UCT 1 2 2023		

Office Use Only



400416567414

09/29/23--01017--021 \*\*60.00



## COVER LETTER

Sun and	Sea Restora	ition LLC	
Name of Li	mited Liability Company		
	_		
Jame	S Baglini Name of Person		
Sun a	nd Sea Resta	ration LLC	
2 854 (	W Rainbow Address	Cir	
		eport notification)	
ag (in)	at ( <u>941</u> ) <u>3</u> Area Code	76 - 4357 Daytime Telephone Number	
ollowing amount:			
□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate o  Sed) Certified Co	f Status & py
	Registra Division	tion Section of Corporations	
	James. Baginerson  Collowing amount:    Some of the service concerning this matter. please of the service of th	Interest and fee(s) are submitted for filing.  Interest and fee(s) are s	Name of Limited Liability Company  nendment and fee(s) are submitted for filing.  Increase concerning this matter to the following:    James   Rastoration   LLC

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

ARTICLES OF A	AMENDMENT 22 6/2
TO A PATICULES OF O	O SECULIA TION
ARTICLES OF O	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
O	T 72.22
Sun and Sea	Restriction 44
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 9-18-23 and assigned
Florida document number L 230 ° 43 23 12	
Florida document number	
This amendment is submitted to amend the following:	
A TO Att	92a b
A. If amending name, enter the new name of the limited liabi	ility company nere:
The new name must be distinguishable and contain the words "Limited Liability	ity 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 a <u>agent and/or the new registered office address here</u> :	address on our records, enter the name of the new registere
agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	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 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>AMBR</u>	James J Buglini	Address 2854 W Rainbew Cir	Saragera He 34271
			□Remove
			Change
			🗆 Add
			□Remove
			DAdd
		-	□Remove
			☐ Change
			□Add
			□Remove
			□Change
	<del></del>		
			□Remove
			□Change
			□Add
		<del> </del>	□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	* · · · · · · · · · · · · · · · · · · ·
_	
_	
_	
_	
_	
-	
_	
_	
an effec lote: 11	e date, if other than the date of filing:
i is file	
ated _	September 26th 2023  Muss began  Signature of a member of authorized representative of a member
	James bealn'
	Signature of a member of authorized representative of a member
	James Baglini Typed or printed name of signee

## **COVER LETTER**

TO: Registration Sect Division of Corpo			
SUBJECT:	Sun and s	ea Restoration	LLC
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	James	Ragini Name of Person	
	SUN AN	J Sea Restoration	n LLC
	2854 W	Rainbow Cir	
	jarasuta	City/State and Zip Code	
		to be used for future annual report notific	
For further information cor	ncerning this matter, please ca	all:	
James Name of F	Baglini	at (941) 374-435 Area Code Daytime	7 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Se	ection	Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303