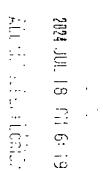
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## COVER LETTER

TO:	Registration Si Division of Co		* 1	
SUBJE	ct: S	unsel Paint At De	-gles Calce Ces.	- Rentel 116
		Name of Lin	mited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	r to the following:	
		2	Name of Person	
			Name of Person	
		Sunse	Firm/Company	ogles Leter Casin Contel III
			124 spectace	
			Address	<del></del>
			Welley Chapel	FL 73544
			City/State and Zip Code	e
		Famail address:	capital manage	nut 0 small. Com
For furt	her information c	oncerning this matter, please c		in report normeuton,
	Danne Name o	Welch	at (_\$13)	717 - 1262 Daytime Telephone Number
	Name o	f Person	Area Code	Daytime Telephone Number
Enclose	d is a check for th	ne following amount:		
E-\$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is ea	Certificate of Status &
Mailing Address:			Address:	
	Registration S Division of C		~	ration Section on of Corporations
	P.O. Box 632	•		entre of Tallahassee
	Tallahassee, l	FL 32314		N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Junset Pein	+ A+ Doyles Lake Lasin Rentals	II C	
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)		
		i.T:4	2024
he Articles of Organization for this Limited Liabilit	ty Company were filed on 14/5/23	and	assigned
lorida document number <u>L 2700046734</u>	16	- *	L
	<del></del> ·	<b>:</b> ;	$\alpha$
his amendment is submitted to amend the following	ŗ		F3 6: 19
a. If amending name, enter the new name of the	limited liability company here:	G:	<u>e</u>
SUNSEL PEINTE AT Desgle the new name must be distinguishable and contain the words."	as Lake (coin Rendal IIL	· .	9
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or t	he abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
• • •			
<u>Principal office address MUST BE A STREET AD</u>	DDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	)		
N 16 19 41 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_
<ol> <li>If amending the registered agent and/or registors and/or the new registered office address her</li> </ol>		name of the	new regist
gent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	Discontact	13	
	, Florida	aZin Co	ode

## 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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
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reffective date is listed, the date must be te: If the date inserted in this bloc	k does not meet the applical	ble statutory filing re	quirements, this da	ng.) rursuan ate will not	t to 605.0. be listed
	artment of State's records,				
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