## L23000 497578

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	SUNSTATE CENT	ER LLC	
SUBJECT:	Name of Limi	ted Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspon	idence concerning this matter t	to the following:	
	GRANT TWILLEY		
		Name of Person	
	SUNSTATE CENTER LL	С	2023 ( SEC
		Firm/Company	
	6566 UNIVERSITY BLVI	)	22
	<del></del>	Address	
	WINTER PARK, FL 3279	2	2073 DEC 22 ME II: 09 SECRETALL MASSESSESSES
		City/State and Zip Code	<del></del>
	TTASPEEDRACER@HOT		
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please co	all:	
GRANT TWILLEY		407 339-5686 at ()	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$\$25.00 Filing Fee □	\$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 S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee se Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSTATE CENTER LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our recor I Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Compan	y were filed on NOVEMBER 0	1, 2023 and assigned
lorida document number 1.23000497578		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS <sub>1</sub>	***	
		<u> </u>
		A BEC
nter new mailing address, if applicable:		三型 2
Mailing address MAY BE A POST OFFICE BOX)		20 2
		The seed
		209
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	e address on our records, <u>ente</u>	
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
	Enter Florida street addr	CSS
		FloridaZiv Code
	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
AMBR	SHANNON TWILLEY	6566 UNIVERSITY BLVD	
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Effective (	date, if other than re date is listed, the date ne date inserted in thi s effective date on th	must be specific ar is block does not	ng: nd cannot be prior meet the applica	to date of filing o able statutory f	r more than 90 di	ays after fili	ng.) Purstiant	to 605.0207 be listed as
lf an effective Note: If th	•							
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