

L2400036195317

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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spradlinlaw@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUN CORCICOE, LLC

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Corporate Filing Menu

Help

OCT 31 2024
T. LEMIEUX

RE: AMENDMENT TO CORCICOE, LLC
L24000209317

During our move to a new office the fax back cover page was misplaced. Please refund the original fax back amendment fee and use this new fax back form in its place. This was the guidance given to me when calling into the Dept of State regarding this matter.

Thank you

Nick Spradlin, Esq.

Nickolas J Spradlin Esq



October 23, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SUN CORCICOE, LLC
18801 N. DALE MABRY HWY
STE 119
LUTZ, FL 33548US

SUBJECT: SUN CORCICOE, LLC
REF: L24000209317

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The document number of the name conflict is P02000017161.

If you have any further questions concerning your document, please call (850) 245-6051.

KYLE D BRUMBLEY FAX Aud. #: H24000352645
Regulatory Specialist II Supervisor Letter Number: 824A00023360
Registration Section

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

SUNZ CORCICOE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on L24000209317 and assigned
Florida document number 05/06/2024.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MWB Developments LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4300 BISCAYNE BLVD

(Principal office address MUST BE A STREET ADDRESS)

#203

MIAMI FLORIDA 33548

Enter new mailing address, if applicable:

4300 BISCAYNE BLVD

(Mailing address MAY BE A POST OFFICE BOX)

#203

MIAMI FLORIDA 33548

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 10/22 2024

Signature of a member or authorized representative of a member

NICKOLAS J. SPRADLIN, ESQ. AUTHORIZED REP. OF A MEMBER

Typed or printed name of signer