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COVER LETTER

TO:

Registration Section

Tailahassee, FL 32314

Divi	ision of Cor	porations		
CHDIFCT.	Suncoast S	ervices of Venice, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Michael Phelan		
			Name of Limited Liability Company mendment and fee(s) are submitted for filing. mence concerning this matter to the following: Michael Phelan Name of Person Suncoast Services of Venice, LLC Firm/Company 333 Rio Terra Address Venice, FL 34285 City/State and Zip Code mapphelan@comeast.net E-mail address: (to be used for future annual report notification) terrning this matter, please call: at (
Suncoast Services of Venice, LLC				
			Firm/Company	····
		333 Rio Тегга		
			Address	 _
		Venice, FL 34285		
	City/State and Zip Code	 _		
		mdphelan@comcast.net		
		E-mail address: (to be used for future annual report not	ification)
For further in	ıformation c	concerning this matter, please c	all:	
Michael Phelan				
	Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	he following amount:		
□ \$25.00 F	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	\$60.00 Filing FeCertificate of Status & Certified Copy
	iling Addres			ection
Div	ision of C	Corporations	Division of Co	rporations
P.C	D. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Suncoast Services of Venice, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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 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 ___ Cirv

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	Tracy Phelan	333 Rio Terra	□Add
		Venice, FL 34285	≣Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
	·		
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Rетюус
			□Change

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<u>te:</u> If t	date, if other than the date of filing:
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	June 21 2024
- <u>-</u>	MirlDAlla
	Signature of a member or authorized representative of a member