# L19000105485

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## **COVER LETTER**

TO: Registration S Division of Co		
SUBJECT: Sur	Name of Limited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	Shaina Buschor	
	Name of Person	
	Firm/Company 15302 Willow Ln	
	Address Tavares, FL 32778	
	City/State and Zip Code hello@shainabuschor.com	
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Shaina Buschor	at ()  of Person Area Code Daytime Telephone Number	
Name	With Code Payante Pelephone Peland	
Enclosed is a check for	the following amount:	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing  Certificate of Status	f Status & - py

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Virtual Services, 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 April 17, 2019 and assigned Florida document number L19000105485 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Shaina Buschor, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 \_\_

### 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
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If an effective	date is listed, the date must be s	specific and cannot be prior to	date of filing or more than	(optional) 90 days after filing.) Pursuant to 60	05.0207
	date inserted in this block of effective date on the Depart		le statutory filing require	ements, this date will not be lis	sted as
document s	encenve date on the Depart	iment of State 3 records.			
	specifies a delayed eff n day after the record		an effective time, a	t 12:01 a.m. on the ear	lier of
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Dated	Ipril 17	<u> 2019</u>		•	
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	$\times$	<i>/</i> /	zed representative of a mer		

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Typed or printed name of signee

Filing Fee: \$25.00