L22000 242 561

(Requestor's Name)
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Crosles J

COVER LETTER

TO: Registration Section

Division of Co	rporations		
SUBJECT: S	NShine ExoL.	C Pentals LL ited Liability Company	· C
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	-	1 1/	
		Name of Person	dez
	<u>Sunsh</u>	ine Exotic Brit	als LLC
		- · · · · · · · · · · · · · · · · · · ·	
	13925 SW	Address	
	Mia	Mi Fl 33183 City/State and Zip Code	
		•	
	E-mail address: (to be used for future annual report noti	AKS-COM (fication)
For further information	concerning this matter, please c	all:	
= 1 1	H .	200 1111	ت الله الله
Name	o Hirnaudil of Person	at (305) 4/3- Area Code Daytim	ne Telephone Number
		·	·
Enclosed is a check for	the 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 Addre Registration		Street Address: Registration Se	ection
•	Corporations	Division of Co	
P.O. Box 63 Tallahassee,		The Centre of 7	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNShin	c Exolic P.	ntal & LL	C 2025 CMM 20 7/1 9:0
(Name of the Limited Liabilit	ty Company as it now apper Limited Liability Company	ars on our records.)	7.41
The Articles of Organization for this Limited Liability C Florida document number <u>L220002425</u>		05/25/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company	<u>here</u> :	
FURBABY SERVICES	LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the	designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
		· · · · · · · · · · · · · · · · · · ·	-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		····	
	 		
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	d office address on our	records, <u>enter the r</u>	name of the new registered
New Registered Office Address:	Enter F	lorida street address	
	City	, Florida	Zip Code
	Cuy		Zip Colle

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
			□Remove
			□ Remove
			□Add
			□ Remove

			□Remove
		 	□Change
		 	□Add
			□ Remove

-	ONLY NAME change
-	"FURBABY SERVICES LLC"
-	
-	
-	
-	
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-	
-	
(If an efi <u>Note:</u>	ive date, if other than the date of filing: Ob-16-2025 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	06-16-2025

...

Filing Fee: \$25.00