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S. CHATHAM DEC 19 2022



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: SU	unshine Cam	of Properties Lited Liability Company	<u>C</u>
The enclosed Articles of	Amendment and fee(s) are subi	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
·	Er	ika Smith Name of Person	
	Sunshine Co	unp Properties L	LC
	_5933 Cer	ntral Rd Address	
		City/State and Zip Code	
	E-mail address: (1	o be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	di:	
Erika	Smith Person	at (386) 697 Area Code Daytime	-109 G e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 Co	ection	Street Address: Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Camp P	roperties LLC	
	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>し </u>	y were filed on 8 22 22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	na	SE VISIO
'		P 26 PH
Enter new mailing address, if applicable:	nIA	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	3, 5, 5, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7,
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registered
Name of New Registered Agent:	nlm	
New Registered Office Address:		
·	Enter Florida street address	
	, Florida	
l	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>	Name	Address	Type of Action
MMBR	Erika M. Smith	5933 Central Rd	DAdd
		5933 Central Rd McHIpin, FL 32062	□Remove
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			P Change
			□Remove
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Filing Fee: \$25.00