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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

TO:

Registration Section Division of Corporations

| UBJECT: Sunshine Realty Experts, UC Name of Limited Liability Company |
|--|
| he enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Charlene T. Azevedo Namo of Person Sunshine Realty Experts, UC Firm/Company |
| 12521 Lake Ridge Circle |
| Charlene & Sunshine cearty experts, com E-mail address: (to be used for future annual report hotification) |
| or further information concerning this matter, please call: Charlene T Azevedo at (407) 488-5548 Name of Person Area Code Daytime Telephone Number |
| nclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| 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

100000 26611 Florida document number 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 "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 ne registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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 ad 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 effe Note: | ve date, if other than the date of filing: |
| the rec) The | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed. |
| Dated_ | Agril 15 . 2019. Laulene Azur do Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| | Charlene 1. Azevedo Typed or printed name of signee |
| | /// - / + / / // / - / - / A |

Page 3 of 3
Filing Fee: \$25.00