



Office Use Only





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## **COVER LETTER**

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TO:

TO: Registration So Division of Cor				
	Sunset Lodge LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Walter A. Anon, Esquire			
		Name of Person		
	The Anon Law Firm, P.A.			
		Firm/Company		
	7975 Northwest 155 Street	, Suite A		
		Address	<del></del>	
	Miami Lakes, Florida 330	16		
		City/State and Zip Code		
	attorneys@attorneystrusttitl			
r - C. wh C. C		to be used for future annual report not	ification)	
	oncerning this matter, please c	(III.		
Walter A. Anon, Esquire		305 821-5419 at ( )		
Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Address:		Street Address:	wtion	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	•		The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

et wage LL	-L-			
(A Florida Limited Lial	bility Company)	n our records.)		
Liability Company wo	ere filed on <u>JU</u>	49,2013	and assi	gned
ollowing:				
of the limited liabilit	y company here:			
e words "Limited Liability	Company," the desig	nation "LLC" or the	abbreviation "L.1	C."
EET ADDRESS)				•
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registered office add	tross on our roca	rde antar the na	င်ဘ	rogistoro
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Raul A. I	Busquet			
LNOU KP	'V	Klarida	33hn+	
	Liability Company w 15 Z  following:  of the limited liability  e words "Limited Liability  licable:  EET ADDRESS)  registered office address here:  RAULA:  US8 21 0V C	Liability Company were filed on JUI 15 Z  pllowing:  of the limited liability company here:  e words "Limited Liability Company." the designicable:  EET ADDRESS)  Fregistered office address on our recoress here:  RAULA: BUSQUET  US8 ZI OVERSEAS High  Enter Florida:	of the limited liability company here:  e words "Limited Liability Company." the designation "LLC" or the licable:  EET ADDRESS)  Fregistered office address on our records, enter the namess here:  Raul A. Busguct  LS821 Overstas Highway, wether the particles of the lighway.	Liability Company were filed on JUNG 2013 and assi 15 Z  ollowing:  e words "Limited Liability Company," the designation "LLC" or the abbreviation "LL  licable:  EET ADDRESS)  EBOX)  registered office address on our records, enter the name of the new

## 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	Dugun Alfredo Garcia	4700 NORMWIST 37 WURT	□Add
		Miami, Fronda 33147	ERcmove
			□Change
A <u>MBR</u>	Raul A. Busquet	65821 overstas nighnoy, Lot 47	BAdd
		Long Key, Fronda 33001	Remove
			□Change
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<u>Note:</u>	ve date, if other than the date of filing:
he record ord is file	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 ed.
Dated _	March 5 2024  Signature of a member or authorized representative of a member
	Kaul A. Busquet Typed or printed name of signee

Filing Fee: \$25.00