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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
		<u>.</u>
(Do	cument Number)	
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S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor	ection rporations				
SUBJEC		rtuai Wolrd LLC				
SODJIX	· · · · · · · · · · · · · · · · · · ·	Name of Lin	nited Liability Company			
		Amendment and fee(s) are sul	-			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		LAZARO J GARCIA				
		<u> </u>	Name of Person			
		Varuna Virtual Wolrd LL	C			
			Firm/Company		SA 6	
		6904 NORTHWEST 46T	H STREET SUITE B			-17
			Address			
		MIAMI, FL 33166			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		wrightfrompleat@gmail.co	City/State and Zip Code		3 08 3 08	
			to be used for future annual report notif	ication)	3+11 co	
For furth	er information co	oncerning this matter, please c	all:			
LAZAR	O J GARCIA		786 439-8691			
	Name of	f Person	Area Code · Daytimo	e Telephone Number	r	
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	

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**

Varuna Virtuai Woird LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on 02/04/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
SUNSHINE MIND LLC		
The new name must be distinguishable and contain the words "Limited	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 ADDRES	(S)	물의 중
	-	3-4 m -
		7 W 1
Enter new mailing address, if applicable:		Mark on Im
Mailing address MAY BE A POST OFFICE BOX)		
Maung duaress MAT BE A FOST OFFICE BOX		· ·
		7. B
3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:		er the name of th
Name of New Registered Agent.		
New Registered Office Address:	E C II	
	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	gent:	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Change
			Add
			☐ Remove
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Effective date, if other than the date of filing:	(optional)	
If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.		
ne record specifies a delayed effective date, but not an effecti The 90th day after the record is filed.	ve time, at 12:01 a.m. on th	e earlier (
Opted 02/5 2016		
Dated 023		
Signature of a member of buthout 2ed represent	ative of a member	

Page 3 of 3

Filing Fee: \$25.00