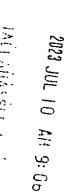


(Requestor's Name)
(Address)
(Address)
(Addiddd)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(20011101)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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07/10/23--01023--021 **25.00





COVER LETTER

	legistration Se Division of Cor			
CUBIC		E REAL INVESTMENTS LLC		
SUBJECT	J:	Name of Lim	ited Liability Company	<u> </u>
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	um all correspo	ndence concerning this matter	to the following:	
		Jonathana G DE LOS SAN	rtos	
			Name of Person	
		SUNSHINE REAL INVES	STMENTS LLC	
			Firm/Company	
		7470 MIAMI LAKES DR	B206	
			Address	
		MIAMI LAKES DR B206		
			City/State and Zip Code	
		jonathan252540@gmail.com	n to be used for future annual repo	rt notification)
For furthe	r information c	oncerning this matter, please c	-	(Redification)
Joanathan	ia De Los Santo	os	786 201-77	80
	Name o	f Person	Area Code D	Paytime Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	<u>Mailing Addres</u> Registration S	 -	Street Addre Registratio	
I	Division of C	orporations	Division of	f Corporations
	P.O. Box 632 Fallahassee, I			of Tallahassee onroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF 2023 JUL 10 AM 9: 0

ny as it now appears on ou liability Company)	ir records.)	***************************************
were filed on <u>02/06/20</u>	15	and assigned
lity company here:		
ity Company," the designat	ion "LLC" or the abbre	viation "L.L.C."
		· · · · · · · · · · · · · · · · · · ·
		
		
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ddress on our record	s, <u>enter the name o</u>	f the new registe
·		
Enter Florida stre	et address	
	, Florida	·-
City		Zip Code
performance of my di		iliar with and
] 	ddress on our records Enter Florida stre	ddress on our records, enter the name o

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
MGR	Nathalie Fernandez	7470 Miami Lakes Dr B206 Miami Lakes Fl 33014	= Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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	ast be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing r	
The state of the state of the		
record specifies a delayed effect is filed.	ve date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
	2023	
ated May 25		
ated May 25	Signature of a member or authorized representative of	Jy.

Filing Fee: \$25.00