## N5000128634

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

Office Use Only



800389253608

08.187.1 01050 -001 ++25.00

2022 JUN 13 PM 2: 04
SECHTABLE SERVICE

## **COVER LETTER**

Registration Section Division of Corporations

TO:

CARRIBE. SUBJECT:	AN SUNSET, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BASEL ZACUR, ESQ.		
		Name of Person	
	LAW OFFICE OF BASEI	. A. ZACUR	
	<del></del>	Firm/Company	
	Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  BASEL ZACUR, ESQ.  Name of Person  LAW OFFICE OF BASEL A, ZACUR  Firm/Company  6115 STIRLING ROAD, SUITE 216  Address  DAVIE, FL 33314  City/State and Zip Code  Basel@Zacurlaw.com  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  1954  289-8110  Area Code  Daytime Telephone Number  19 S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Street Address:  Street Address:  Registration Section  Division of Corporations		
	-	Address	
	DAVIE, FL 33314		
		BASEL ZACUR, ESQ.  Name of Person  LAW OFFICE OF BASEL A. ZACUR  Firm/Company  6115 STIRLING ROAD, SUITE 216  Address  DAVIE, FL 33314  City/State and Zip Code  Basel@Zacurlaw.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (	
	<del>-</del>		
	E-mail address: (	to be used for future annual report noti	tication)
For further information c	oncerning this matter, please c	all:	
Basel Zacur			
Name of Person			e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Registration Se Division of Cor	porations
Tallahassee, 1			e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 13 PM 2: 04

CARRIBEAN SUNSET, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Li	ability Company)	" IALLAHASSEE, FL"
The Articles of Organization for this Limited Liability Company v Florida document number <u>ロタのしまれるらず</u>	vere filed on JULY 28, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
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 adagent and/or the new registered office address here:	ldress on our records, <u>enter t</u>	he name of the new registere
Name of New Registered Agent:		
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address	
		rida

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 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
MBR	FRANCISCO P. MANGINO	13499 BISCAYNE BLVD	□Add
		FLOOR 18 SUITE T3	<b>≣</b> Remove
		NORTH MIAMI, FL 33181	
MBR	LUCIANA R. MANGINO	13499 BISCAYNE BLVD	□Add
		FLOOR 18 SUITE T3	
		NORTH MIAMI, FL 33181	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

					····			—- <del></del> -
<del></del>	, <u>, , , , , , , , , , , , , , , , , , ,</u>			·· <u></u>				<del></del>
						<del></del>		
					<u> </u>			<del></del>
<del></del>						-		
						<del></del>		
		· · · ·	·	·—·		<u> </u>	2027	
			<u></u>				ي ا	77
		· · · · · · · · · · · · · · · · · · ·				H.		
**	181				-		74	
•	<del>.</del>					<u>[7]</u>	<u> </u>	
<del></del>			···			*	<u>. F</u>	<del></del>
					· · · · · · · · · · · · · · · · · · ·			
		· · · · · · · · · · · · · · · · · · ·		<del> </del>				
		<del></del> -	<u> </u>		<u> </u>		- <u></u>	
						·····		<del></del>
ffective date,	, if other than th	e date of filing	g:			_ (optional)		
ote: If the da	is listed, the date material te inserted in this b	olock does not n	neet the applic	able statutory	or more than 90 of filing requirem	days after filing.	) Pursuant to will not be	605.020 listed a
scument's ette	ective date on the I	Department of S	tate's records	•				
ecord specific is filed.	es a delayed effecti	ve date, but not	an effective t	ime, at 12:01 s	ı.m. on the earti	er of: (b) The	90th day a	ifter the
ited M	44 20	<del>/</del> ,	2022	2				
		W/			ative of a member			