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(Reg	uestor's Name)	
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SION OF CORPORATIONS

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COVER LETTER

ΓΟ: Registration S Division of Co			
Sunshine	Florida Investments, LLC.		
	Name of Lim	ited Liability Company	
The enclosed Articles ot	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jose Martin		
		Name of Person	
	Sunshine Florida Investr	ments, LLC.	
	-	Firm/Company	
	14599 Sw 110 Ter		
		Address	
	Miami, Fl 33186		
	josemartinhomes@gmail	City/State and Zip Code	
	•	to be used for future annual report notific	cation)
For further information	concerning this matter, please ca	all:	
Jose Martin		305 300-3424 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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:

TO:

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

Sunshine Florida Investments, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny <u>as it now appears on our records.</u> Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000170262</u> .	were filed on 10/01/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
	o MI Company	
The new name must be distinguishable and contain the words "Limited Liabi		or the abbrevia
Enter new principal offices address, if applicable:	14335 Sw 120 St #111	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33186	- G
		P P P
Enter new mailing address, if applicable:	14335 Sw 120 St #111	OF STATE
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl 33186	
B. If amending the registered agent and/or registered o		enter the name of the r
registered agent and/or the new registered office address her Name of New Registered Agent:	<u></u>	
New Registered Office Address:		
	Enter Florida street address	_
	Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		

If Changing Registered Agent, Signature of New Registered Agent

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
MGR Jose Martin			
			□ Remove
		14335 Sw 120 St #111 Miami, Fl	
Owner	Lorena Garcia	14335 Sw 120 St #111 Miami, FI	
			□ Remove
			Change
			Add
			🗀 Remove
			Change
			Remove
			Change
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			Remove
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Filing Fee: \$25.00