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## COVER LETTER

TO: Registration Section Division of Corporations SUNSHINE GATE INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: ALEJANDRA FIANO Name of Person Firm/Company 2919 COCONUT AVENUE APT 4 Address COCONUT GROVE, FL, 33133 City/State and Zip Code SGIPROCESSING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRA FIANO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Sec

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUNSHINE GATE INVESTMENTS LLC

Name of the Limited	Liability Compar	ış as it n <u>ow</u>	appears of	<u>n our records.</u> )
	Forida I imited I.	ability Con	nany)	-

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Florida document number 1.16000097232	·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here	:		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2919 COCONUT AVENUE APT 4			
(Principal office address MUST BE A STREE	T ADDRESS)	COCONUT GROV	COCONUT GROVE, FL. 33133		
,					
Enter new mailing address, if applicable:		2919 COCONUT AVENUE APT 4			
Finter new maining address, it applicable: (Mailing address MAY <u>BE A POST OFFICE BOX)</u>		COCONUT GROV	COCONUT GROVE, FL, 33133		
			ords, <u>enter the name of the new reg</u> istered		
Name of New Registered Agent:	alejandra		ords, enter the name of the new registered		
agent and/or the new registered office addre	alejandra	FIANO UT AVENUE APT 4	ords, enter the name of the new registered		
Name of New Registered Agent:	alejandra	FIANO  UT AVENUE APT 4  Enter Floride  ROVE	i streci address		
New Registered Office Address:	ALEJANDRA 2919 COCONUT G	FIANO  UT AVENUE APT 4  Enter Floride  ROVE  City			
Name of New Registered Agent:	ALEJANDRA  2919 COCONUT G  COCONUT G  Registered Agent ed agent and agent er and complete istered agent as registered office	FIANO  UT AVENUE APT 4  Enter Floride  City  ree to act in this cap performance of m provided for in Ch	street address , Florida \( \frac{33133}{\text{Zip Code}} \)  Pacity. I further agree to comply with the y duties, and I am familiar with and apter 605, F.S. Or, if this document is		

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

 $\Box$ Change

<u>Title</u>	<u>Name</u>	Address	Type of Action Type Of Action
MGR'	LILIANA FIANO	460 NE 28TH ST STE 406	21 MAR 12 PM 12: 33
		MIAMI, FL, 33137	≣Remove
	•		∴ □Change
MGR	ALEJANDRA FIANO	2919 COCONUT AVENUE APT 4	≣Add
		COCONUT GROVE, FL, 33133	. □ □Remove
			∵ \ ⊡Change
MGR	FABIANA O. NIEVES	16681 NE 75TH AVENUE	<b>=</b> Add
	MIAMI, FL, 44015	□Remove	
			□Change
agr	ROBERTO ALONSO ORTIZ	1725 NORMANDY DR APT 3	<b>∃</b> Add
		MIAMI BEACH, FL. 33141	□Remove
· · · · · · · · · · · · · · · · · · ·		Change	
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Effective date, if other than the dat	te of filing (optional)	
fan effective date is listed, the date must be-	te of filing	05,0207 (3)(b) sted as the
document's effective date on the Depar	rtment of State's records.	
a company and a second	burners of the control of the section of the The Out down	ar thu
d is filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	er the
March 4th	2021	
Dated	·	
	T .	
·	thona	
Sign	nature of a member or authorized representative of a member	

Filing Fee: \$25.00