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(Re	questor's Name)			
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SECRETARY OF STATE

D. BRUCE MAY 30 2017

COVER LETTER

TO: Registration Se Division of Cor					
Suns SUBJECT:	shine Realtors, LLC				
SOBJECT:	. Name of Lim	ited Liability Company			
	Amendment and fee(s) are sub	· ·			
Please return all correspo	ndence concerning this matter	to the following:			
	Sonsire Gonzalez				
		Name of Person			
	Sunshine Realtors	· 			
		Firm/Company	•		
	241 NW Bentley Circle				
		Address			
	Port Saint Lucie, Flo	orida 34986			
		City/State and Zip Code	-		
	sonsiregonzalez@	gmail.com to be used for future annual report notifi	ication)	74 S	
For further information co	oncerning this matter, please co	·	,	2021 HAY 2 SECRETAR ALLAHASS	TI
Sonsire Gonzalez		at (772) 200-9112	2	Y 26 TARY ASSE	E
Name of	f Person	Area Code Daytime	Telephone Number	2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	ED
Enclosed is a check for th	ne following amount:			2: 52 TATE ORIDA	_
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (ng Fee, e 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

Please caume it you have any grestions.

172-200-9112

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Realtors, LLC	
(Name of the Limited Liability Company as it now appears on our records (A Florida Limited Liability Company)	P)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability 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)	SEC 2
	AHETA AHAS
Enter new mailing address, if applicable:	SER 2
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records registered agent and/or the new registered office address here:	s, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	s
	orida
City New Registered Agent's Signature, if changing Registered Agent:	2 <i>ір Со</i> ае
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur provisions of all statutes relative to the proper and complete performance of my duties, an accept the obligations of my position as registered agent as provided for in Chapter 605, being filed to merely reflect a change in the registered office address, I hereby confirm the company has been notified in writing of this change.	nd I am familiar with and F.S. Or, if this document is

Page 1 of 3

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>	<u>Address</u>	Type of Action
AMBR	Sonsire Gonzalez	241 NW Bentley Circle, Po	ort Saint Lucie, Florida 34986
			Remove
			Change
			Add
			Remove
			☐ Change
**************************************			Add
			□ Remove
			Change
			ALD Add AHAS
			SERY 25 Chappe
			STATE ORIGA
		·	Remove
			Change
			□ Add
			Remove
			Change

	I just want to	add myself as th	ne authorized mem	ber. I am the only	owner. Sons	ire Gonzalez	
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ectiv	e date, if oth	er than the date	of filing:		(o	ptional)	
effe	ctive date is lister	d, the date must be sp	ecific and cannot be pri-	or to date of filing or mo icable statutory filing	re than 90 days a	ifter filing.) Pursuant t	io 605.0 a listad
ume	nt's effective d	late on the Departm	nent of State's record	s.	requirements.	tills date will fict be	e naied
reco	ord specifies	a delaved effe	ective date hut n	ot an effective ti	me at 12·∩	1 am on the e	arlier
		er the record is		io di circono di	, at 12.0	2 0 0 0 0 0	
ed_	5/22/17						
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		8 000 00		Day			
		Signat	ture of a member or aut	harized reprodentative of	f a member		
		-		•			
		C: (Gonzalez				

Page 3 of 3

Filing Fee: \$25.00