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	Registration Se		<b>i.</b>			
1	Division of Cor	porations		• • •	•	•
SUBJEC	T: Sunshine D	Design & Renovation, LLC				
		Name of Lim	nited Liability Company	₩.		
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		Dominique Mahler				
			Name of Person			
		Sunshine Design & Renov	ration, LLC			
			Firm/Company	<u>-</u>		
		2466 M F.				202
		3466 Mazur Dr.	Address			
		Melbourne, Florida 32901				
		motional column terrorial	City/State and Zip Code			
		sunshinedesignandrenovati E-mail address: (	on@gman.com to be used for future annual r	report notification)		
For furthe	r information c	oncerning this matter, please c	all:			ş + 3
Steven H	endren		at (321 ) 749	J-2276		
	Name o	f Person	Area Code	Daytime Telepho	one Number	
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		Certified C	of Status &
	Mailing Addres		Street Ad			
	Registration S Division of C			ition Section i of Corporatio	ons	

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Design & Renovation, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on May 12th, 2017	and assigned
Florida document number <u>L17000105879</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		71. C
		(1)
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter t</u>	he name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida
	City	Zip Code

### New Registered Agent's Signature, if changing Registered Agent:

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.

DOCUSIGN Envelope IO: EDUDAZ35-18EB-41F3-888A-783D5238FACD II amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from σur records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Paige Lane	626 Loggerhead Island Dr. Satellite Beach, FL 32937	_ <b>=</b> Add
			_ 🗆 Remove
			_ □Change
AMBR	Rachel Lane	626 Loggerhead Island Dr. Satellite Beach, FL 32937	_ ≣Add
			_ ■ Add
		- C)	_ LiChange , ,
			_ □Remove
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fan eff	re date, if other than the date of filing:	)5.020) sted as
ocum recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afted.	er the
locum recor d is fil	December 29th 2023	er the
locum recor rd is fil	rd.	er the

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