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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Sunset Publi	ic Affairs, LLC		
John Der.		Name of Limi	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ı all correspor	ndence concerning this matter	to the following:	
		Jonathan Brill		
			Name of Person	
		Sunset Public Affairs		
			Firm/Company	
		2508 W. Sunset Drive		
			Address	
		Tampa, FL 33629		
		brilljonathan@gmail.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further is	nformation co	oncerning this matter, please ca	all:	
Wendy Brill	l		813 857-8958	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
₩ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunset Public Affairs LLC

(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our recor Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	ompany were filed on 8/28/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	128 H
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ls, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	255
	, F	lorida Zip Code
New Pagistared Agent's Signature if changing Pagistares	d Agent.	·

New Registered Agent's Signature, it 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.

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>	Address	Type of Action
MGR	Jonathan Brill	2508 W. Sunset Drive Tampa, FL 33629	≣ Add
			□ Remove
			☐ Change
		.	Add
			Remove
			☐ Change
			□ Add
			□ Remove
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		10/1/	/2018				
Effectiv	ve date, if other than the office date is listed, the date must	date of filing:	be prior to date of fili	ng or more than 90	(optional) days after filing.) Pu	rsuant to 6	05.0207
Note:	If the date inserted in this blo ent's effective date on the De	ock does not meet the	applicable statutor	ry filing requiren	nents, this date will	not be lis	sted as
	ord specifies a delayed 90th day after the reco		ut not an effec	tive time, at	12:01 a.m. on	the ear	lier of
	Overhee 10	2018					
			 ,				
	October 10	Proise 0				÷	~3
	Wency W	Mul Signature of a member	or authorized represe	entative of a memb	ст	क स्व क क दूर	2018 (
	Wendy W. Brill	Nrul Signature of a member	or authorized represe	entative of a memb	ег	के पूर में के विशे देश के विशे के विशे	2018 OCT 15

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