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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Amend

DEC 1 4 2019
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## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	SUNSHINE	RENTILLC		
		Name of Limi	ited Liability Company	<del></del>
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		ABDRSHIN, RUSLAN		
			Name of Person	
		SUNSHINE RENT LLC		
			Firm/Company	
		3401 N COUNTRY CLUB APT 515	DR	
			Address	
		AVENTURA, FL 33180		
		alexeyrenaldo@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report not	ilication)
For further in	iformation co	ncerning this matter, please ca	ill:	
Alex Renald	o		305 775-0163	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 RENT LLC	
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.17000212363	were filed on 10/13/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	FILED 2019 NOV 18 MM 1: 2 SECRETARY OF STATE ALL AHABSEE. FLORE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	flice address on our records, enter the manto of the new
Name of New Registered Agent;	
New Registered Office Address:	Cot on Directly and a delicated
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGRM	Mikhail Koval	3401 N Country Club Drive Avenutra Fl 33180	□ Add
			■ Remove
			□ Change
MGRM		Irek Adurshin	□ Add
		3401 N Country Club Drive Aventura, FL 33180	
			□ Change
			Add
			□ Remove
			Change
		11.12.	
			Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00