## L18000016760

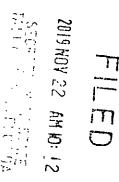
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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:		E INVESTMENT SERVICES,	L.L.C.	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	Name of Limited Liability Company  endment and fee(s) are submitted for filing.  nee concerning this matter to the following:  Basil Assimack  Name of Person  SUNSTATE INVESTMENT SERVICES, L.L.C.  Firm/Company  702 bayshore dr  Address  Tarpon Springs, Florida 34689  City/State and Zip Code  asilspc@yahoo.com  E-mail address: (to be used for future annual report notification)  erning this matter, please call:  at (727	
		Basil Assimack		
		SUNSTATE INVESTMEN	VT SERVICES, L.L.C.	
		702 bayshore dr	Firm/Company	
		Tarpon Springs, Florida 34		
		basilspc@yahoo.com	City/State and Zip Code	
			•	cation)
For further in	nformation c	oncerning this matter, please ca	ıll:	
Basil Assim			at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

SUNSTATE INVESTMENT SERVICES, L.L.C.	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)  upany)
The Articles of Organization for this Limited Liability Company were filed	on January 18, 2018 and assigned
Florida document number L18000016760	- · · · ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any 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)	
Cutou more moiling adduses if annihable.	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	20
	N.O.
3. If amending the registered agent and/or registered office addre	ess on our records, enter the names of the new
egistered agent and/or the new registered office address here:	12 -
	- I
Name of New Registered Agent:	
New Registered Office Address:	ter Florida street address
Em	er rioriaa sireel aaaress
	, 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
MGR	Andrew M Tsongranis	819 Arfaras Blvd. Tarpon Springs, Florida 34689	Add
			Remove
			Change
			Add
			Remove
			Change
			Remove
			☐ Change
			Add
			☐ Remove
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			Change

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Amon Brown	NOVEMBER 19	2019
Man Olling		
/ Nignature of a member or authorized representative of a member	MARA 10	Signature of a member or authorized representative of a member
	Basil Assimack	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00