

L180000 93909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

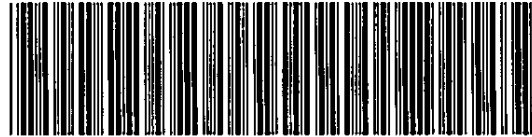
(Business Entity Name)

(Document Number)

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2018 MAY 14 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunshine Estate Carrier LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erich Escriba

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7357 SW 21 ST

\_\_\_\_\_  
Address

Miami, FL 33165

\_\_\_\_\_  
City/State and Zip Code

sunshineestatecarrier@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erich Escriba

305 849-3225

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
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**

Sunshine Estate Carrier LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/13/2018 and assigned  
Florida document number L18000093909

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Jorge Alfonso Silvia

New Registered Office Address:

Enter Florida street address

Miami

Florida


33165

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.

  
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>  | <u>Type of Action</u>                      |
|--------------|----------------------|-----------------|--|
| P            | Erich Escriba        | 7357 SW 21 ST   | <input type="checkbox"/> Add               |
|              |                      | Miami, FL 33155 | <input checked="" type="checkbox"/> Remove |
|              |                      |                 | <input type="checkbox"/> Change            |
| P            | Jorge Alfonso Silvia | 7357 SW 21 ST   | <input checked="" type="checkbox"/> Add    |
|              |                      | Miami, FL 33155 | <input type="checkbox"/> Remove            |
|              |                      |                 | <input type="checkbox"/> Change            |
|              |                      |                 | <input type="checkbox"/> Add               |
|              |                      |                 | <input type="checkbox"/> Remove            |
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|              |                      |                 | <input type="checkbox"/> Change            |

2018 MAY 14 PM 4:13  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2008 MAY 14 PM 4:13  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated.

5/8/2018

Signature of a member or authorized representative of a member

ERICH ESCRIBA

Typed or printed name of signee