LI8000114362

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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	СТ: _	Sunflower	TYCINSPOY+ Name of Limited Liabi	LLC lity Company	

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (201) 397-6007 Area Code Daytime Telephone Number lor Kubicino

Enclosed is a check for the following amount:

S25,00 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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF A TO ARTICLES OF OF	
OF	
SUNF LOWER TYCINSPOLA (Name of the Limited Liability Company (A Florida Limited Liab	LUC y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L18000114362</u> .	tere filed on $May 7, 2018$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty 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 add	dress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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 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
AMBR.	Ramon Gallegos	3023 Singrice St Kissimn FL 34744	HC StAdd
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D.	If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)
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E. Effective	date, if other than we date is listed, the date	the date of filin	ig:	late of filing or more	than 90 days after l	nal) iling.) Pursuant to 605.	.0207 (3
	he data incarted in th	is block does not a	meet the applicable	e statutory filing re	equirements, this	date will not be liste	ed as th
Note: If the	's effective date on th	te Department of :	State's records.				
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<u>Note:</u> If the document	's effective date on th pecifies a delayed effe	ective date, but no	ot an effective time		the carlier of: (b)	The 90th day after	
<u>Note:</u> If the document	's effective date on th pecifies a delayed effe	ective date, but no	ot an effective time	R, at 12:01 a.m. on	<i></i>		0.1