

L18000139925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

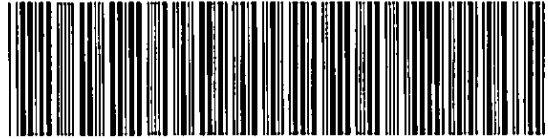
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 OCT 29 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Amend
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NOV 14 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE BRIAGOS 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:

MRS. EVELINA D. GRACIA
Name of Person

SUNSHINE BRIAGOS LLC
Firm/Company

3133 FORTUNE WAY #3
Address

WELLINGTON, FL 33414
City/State and Zip Code

WELLINGTON EQUESTRIAN GYM CLUB @ GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mrs. SABRINA GRACIA-LASSALE at (305) 562-8934
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 BRIAGOS 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 06/06/2018 and signed
Florida document number L18000139925

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNSHINE BRIAGOS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3133 FORTUNE WAY #3,
WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3133 FORTUNE WAY #3,
WELLINGTON, FL 33414

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:

GRACIA, EVELINA D, MRS.

New Registered Office Address:

16433 E. TRAFALGAR DR.
Enter Florida street address

LOXAHATCHEE, Florida 33470
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

ii 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>
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<u>MGR</u>	<u>GRACIA, EVELINA D, MRS.</u>	<u>16433 E. TRAFALGAR DR.,</u>	<input type="checkbox"/> Add
		<u>LOXAHATCHEE, FL 33470</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

<u>MGR</u>	<u>GRACIA-LASSALE, SABRINA, MRS.</u>	<u>16433 E. TRAFALGAR DR.,</u>	<input checked="" type="checkbox"/> Add
		<u>LOXAHATCHEE, FL 33470</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

(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)

Dated OCTOBER 25TH, 2018.

MRS. EVELINA D. GRACIA
Typed or printed name of signee