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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEVINE & PARTNERS, P.A.

Account Number : 074677001117

Phone : (305)372-1350

Fax Number : (305)423-3206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SUNSET CLEANING AND MORE, LLC

Certificate of Status 0 Certified Copy 0 03 Page Count Estimated Charge \$25.00

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X. SALY JUL - 6 2021

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sunset Cleaning and More, 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 $\frac{8/1/2018}{}$ _____ and assigned Florida document number 1.18000184591 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 "LLC." 255 Boundary Blvd., Unit 204 Enter new principal offices address, if applicable: Rotonda West, FL 33947 (Principal office address MUST BE A STREET ADDRESS) 255 Boundary Blvd., Unit 204 Enter new mailing address, if applicable: Rotonda West, FL 33947 (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: 255 Boundary Blvd., Unit 204 New Registered Office Address: Enter Florida street address _. Florida 33947 Zip Code Rotonda West

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.

Gracs Rufin

If Changing Registered Agent, Signature of New Registered Agent

07/2/2021 06:13 AM

TO:18506176383 FROM:3054233206

Page: 3

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

Title	<u>Name</u>	Address	Type of Action
MGR	Grace Rufin	255 Boundary Blvd., Unit 204	□Add
		Rotonda West, FL 33947	□Remove
			■ Change
MGR	Jorge A. Rufin	255 Boundary Blvd., Unit 204	□Add
		Rotonda West, FL 33947	□Remove
			■ Change
			□Add
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Iffective date, if other than to an effective date is listed, the date is <u>Note</u> : If the date inserted in this document's effective date on the	s block does not r	meet the applicable	ate of filing or more the statutory filing req	(optiona an 90 days after filin uirements, this da	y) g.) Pursuant to 605.0207 (3 e will not be listed as th
record specifies a delayed effect d is filed.	tive date, but not	t an effective time,	at 12:01 a.m. on the	e earlier of: (b) 7	he 90th day after the
Pated July 2		. 2021			
			ed representative of a		

Typed or printed name of signee