L18000260686

(Requestor's Name)
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PICK-UP WAIT MAIL
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SECKLINAY OF STATE TALLAHASSEE, FI



COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Sunshine Y	B, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Trejo		
		Name of Person	
	Sunshine YB, LLC		
		Firm/Company	
	7901 4 ST N #300		
		Address	
	ST PETERSBURG FL 337	702	
		City/State and Zip Code	
	SUNSHINEYB@BSA98.CC	DM to be used for future annual report not	(Constant)
For further information of	concerning this matter, please c	·	meanon
ROBERT TREJO		at (215) 595-6264	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration (<u>Street Address:</u> Registration Se	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of 1	
Tallahassee,	rt 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine YB, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records ed Liability Company)	.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/06/18	and assigned
Florida document number L18000260686		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	-
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LI,C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·	
(Principal office address MUST BE A STREET ADDRESS)		
		2023
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2 7
	· ·	SS. 1 0
		2 2 C
B. If amending the registered agent and/or registered office	ee address on our records, <u>enter t</u>	he name of the new registered
agent and/or the new registered office address here:		m -= *
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
·	City	Zin 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>	Address	Type of Action
AMBR	MATTHEW W. TREJO	100 N. FEDERAL HWY, #1520	J Add
		FORT LAUDERDALE, FL 33301	□ Remove
			□ Change
			🗀 Add
			Remove
			Change
			□Add
			Remove
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ective date, if other than the	date of filing:	(optional)
effective date is listed, the date must	t be specific and cannot be p	rior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ument's effective date on the De	ock does not meet the appartment of State's reco	plicable statutory filing requirements, this date will not be listed rds.
	e date, but not an effectiv	re time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.		
ALIGUST 17	2023	
ed AUGUST 17	. 2023	·
	Polytin	Digitally signed by Robert Trejo Date: 2023.08.17 16:15:47 -04'00'
	,	12a18: 2023.06.17 10.13:47 -04:00
	Signature of a member or a	uthorized representative of a member

Filing Fee: \$25.00