## L19000034716

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200326868082

04/01/15--01028--028 \*\*25.00



Amend

APR 0 9 2019

I ALBRITTON

## **COVER LETTER**

TO:	Registration Se Division of Cor			
		lassics, LLC		
SURJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Adam Knoblock		
		<u> </u>	Name of Person	<del></del>
		100 NW 69Th Circle 66	Firm/Company	
		Boca Raton, FL 33487	Address	<del></del>
		sunshmeclassicsllc@gmail.	City/State and Zip Code com	<del></del>
		E-mail address: (	to be used for future annual report nout	ication)
For fur	ther information co	oncerning this matter, please ca	all.	
Adam	Knoblock		561 306-3115 at () Area Code Daytime	: Telephone Number
	Name o	(Person	Area Code Daytime	: Telephone Number
Enclos	ed is a check for th	ne following amount:		
\$2	5.00 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 Classics LLC

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

(A I kinda Iminted I	• • •
The Articles of Organization for this Limited Liability Company Florida document number 1.19000034716	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	npany were filed on
The new name must be distinguishable and contain the words "Limited Liabil	tity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1800 NW Madrid Way
(Principal office address MOST B), A STREET ADDRESS;	Boca Raton, FL 33432
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida Zip Code
	Section 1

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 = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Add
		<u> </u>	☐ Remove
			Change
		<del></del>	□ Add
			□ Remove
			□ Change
			□ Remove
			☐ Change
			☐ Change
			Add
			Remove
			Change

tive date, if other than the date of filing:  (optional)  flective 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.  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00