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(Reque	stor's Name)
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	es of Status
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AUG 1 9 2020 S. YOUNG

COVER LETTER

Division of Corpo	rations		
SUBJECT: SUNSH	INE SOUTHER	N COASTAL GROU	IP LLC
	Name of Lin	nted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	RICHARS	Name of Person	
	SUNSHINE SO	OUTHERN COASTAL (SROUP LLC
	10172 HERO	NWOOD LANE	
		BEACH FL 33 City/State and Zip Code	
-	SUNSHINE SOUTH E-mail address: (ERN COASTAL GROUP G. GN to be used for future annual report notif	MATL. COM fication)
For further information conc	cerning this matter, please c	all:	
RICHARD	WAXMAN	at (561) 558 - 3	3738
Name of Pe	erson	Area Code Daytime	e Telephone Number
Enclosed is a check for the f	following amount:		
№ \$25,00 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:		Street Address	

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SUNSHINE	SOUTHERN	COASTAL	GROUP	LLC	
•	(Name of th	e Limited Liability C (A Florida Lin	ompany as it now a nited Liability Comp	ippears on our rec any)	cords.)	
The Articles o	f Organization for this Lim					ad assigned
Florida docum	ent number <u>L 19000</u>	73668	. ,		· · · · · · · · · · · · · · · · · · ·	= ~~~ 1
This amendme	ent is submitted to amend the	ne following:			ž ž	A This
A. If amendi	ng name, <u>enter the new n</u>	ame of the limited	liability compa	ny here:		AH 7: 09
The new name m	ust be distinguishable and conta	in the words "Limited	Liability Company,	"the designation "	LLC" or the abbreviati	on "L.L.C."
Enter new pri	incipal offices address, if	applicable:				
(Principal offi	ice address MUST BE A S	TREET ADDRES	<u></u>			
	ailing address, if applicab ess MAY BE A POST OF					
	ng the registered agent an the new registered office a		fice address on o	our records, <u>en</u>	ter the name of th	e new registered
<u>Name</u>	e of New Registered Agent	<u> </u>				
New	Registered Office Address	<u> </u>	Ente	r Florida street ad	dress	
					Florida	
			Çiŵ	.	Florida	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 10172 HEDONIJOOD / ANE	Type of Action
4MBR	DEBRA WAXMAN	10172 HERONWOOD LANE WEST PALM BEACH, FL 334/2	XAdd
			□Remove
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