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Office Use Only



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COVER LETTER .

TO: Registration Se Division of Cor			
SUBJECT: Su	nshine Clea	ners,UC	•
oodjaci. <u> </u>		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Laur	en Miller	
		Name of Person	
	Sunshin.	e Cleaners, U	<u>C</u>
	5441 Oha	than Square	Way
	Bradenta	Planda 34	203
	Sunshine CHO E-mail address: (1	City/State and Zip Code UNC 17 4 4 4 0 0 to be used for future abdual report notified.	mail. (om
For further information c	oncerning this matter, please ca		
Lauren	Miller of Person		- 11 S 3
Marine ()	n reison	Area Code Daytime	тетерионе нашост
Enclosed is a check for the	he 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:

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

Sursnine	rearw	1,2° CTD				
(Name of the Limite	ed Liability Compa (A Florida Limited)	any as it now appears Liability Company)	on our records.)			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		711/19			
The Articles of Organization for this Limited Li.	ability Company	were filed on 4	90001058	<u>-86</u> an	ıd assig	,ned
Florida document number <u>U 90601058</u>						
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited lial	bility company her	<u>re</u> :			
	NIA					
The new name must be distinguishable and contain the wo	ords "Limited Liab	ility Company," the de	signation "LLC" or th	e abbreviati	on "L.L.	C."
Enter new principal offices address, if applica	able:	NIA				
(Principal office address MUST BE A STREE						
				= 4	2:	
Enter new mailing address, if applicable:		NIX	·	35 (0	<u> </u>	
(Mailing address MAY BE A POST OFFICE I	BOX)			,1 		77
_					20	1
					. Date	ĪΠ
B. If amending the registered agent and/o			our records, <u>ent</u>	er the n	ame of	f the new
registered agent and/or the new registered of	fice address her	<u>re</u> :		<u> </u>	 F	
					7	
Name of New Registered Agent:	NA					
New Registered Office Address:						
		Enter Flori	da street address			
			. Florida			
		City			Code	
New Registered Agent's Signature, if changing R	Registered Agent	<u>::</u>				
I hereby accept the appointment as registered			anacity I further	goree to	comnk	e with the
provisions of all statutes relative to the prope						
accept the obligations of my position as regis	stered agent as	provided for in Ci	hapter 605, F.S. (Or, if this	docum	ient is
being filed to merely reflect a change in the r	registered office	e address. I hereby	y confirm that the	limited l	iability	•

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
AMBR	Diane Wintrow	7304 Jessie Harbor Dr.	🗆 Add
		7304 Jessie Harbor Or. Osprey, Florida 34229	Remove
			Change
			□ Add
			_□ Remove
			Change
		<u> </u>	D Add
			Remove
			_ Change
			_□ Add
			_□ Remove
			Change
		<u> </u>	_D Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			□ Change

E. Effective date, if other than the date of filing:
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of b) The 90th day after the record is filed.
Dated 8/21/19 Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Lauren Miller
Typed or printed name of signee

D., If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00