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#### **COVER LETTER**

	Registration Se Division of Cor					
SUBJEC		Y'S SUNSHINE LOGISTICS I	.I.C			
SUBJECT	··	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
Please retu	um all correspo	ondence concerning this matter	to the following:			
		DAIRON GARCIA VALI	DEON			
			Name of Person			
VALDEON'S SUNSHINE LOGISTICS LLC						
		10227 SW 24TH ST, APT				
Address MIAMI, FL 33165			Address		11.7.8 25. 16.107	-17
					2019 HAY -	
City/State and Zip Code dgarciavaldeon@gmail.com					-5 P#	0371
		E-mail address: (	to be used for future annual report notif	ication)		
For further	r information c	oncerning this matter, please co	all:		4:00	
DAIRON	GARCIA VAI	LDEON	305 305-5653			
	Name o	f Person		Telephone Number		
Enclosed i	is a check for th	ne following amount:				
<b>目 \$</b> 25.0€	0 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate o Certified Co (additional cop	of Status & opy	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L19000106760</u>	mpany were filed on $\frac{04/1}{2}$ .	18/2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company her	<u>·e</u> :
N/A		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de-	signation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>.ss)</u>	
Enter new mailing address, if applicable:	N/A	FILED
(Mailing address MAY BE A POST OFFICE BOX)		- 27
	<del></del>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address  Name of New Registered Agent:  DAIRON		our records, <u>enter the name of the n</u>
10227.53	W SATUET ART DASS	
New Registered Office Address: 10227 \$5	W 24TH ST, APT. B428  Enter Florid	la street address
MIAMI		Florida 33165
	City	Zip 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
MGRM	DAIRON GARCIA VADEON	10227 SW 24TH ST, APT. B428 MIAMI, FL 33165	Add
			<b>□</b> Remove
			Change
AMGRM	DAIRON GARCIA VALDEON	10227 SW 24TH ST, APT. B428 MIAMI, FL 33165	B Add
			□ Remove
			Change
		N/A	
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Effective date, if oth If an effective date is listen Note: If the date inse	ed, the date must be sp	ecific and cannot	be prior to date of f	iling or more than 90	oays aner ming.) Purs	suant to 605.0207
document's effective				ory ming requirem	enis, this date with	not be fisted as
ne record specifie: The 90th day af			out not an effe	ective time, at :	12:01 a.m. on t	he earlier of
MAY IST		2019	9			
		/ <del></del>				

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Typed or printed name of signee

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