L19000107377

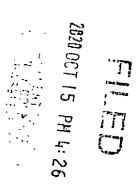
| (Requestor's Name) |
|---|
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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COVER LETTER

TO:

Registration Section

| Divisio | n of Corp | oorations | | | | | |
|--|-------------|--|---|---|--|--|--|
| | 091 GUL | F BOULEVARD 403E LLC | | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | | | |
| 77 | | Name 1 & 1 & 1 & 1 & 1 | 100 - 1 Co CT | | | | |
| The enclosed Ar | nicles of A | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return all | correspor | ndence concerning this matter | to the following: | | | | |
| | | MING JYH LIN JR | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 13493 PARK BLVD | | | | | |
| | | | Address | | | | |
| | | SEMINOLE, FL 33776 | | | | | |
| | | MING.J.LIN@GMAIL.CO | City/State and Zip Code | | | | |
| | | E-mail address: (| to be used for future annual report n | otification) | | | |
| For further infor | mation co | oncerning this matter, please co | all: | | | | |
| MING JYH LIN JR | | 727 692-6603 | | | | | |
| | Name of | Person | Area Code Dayt | time Telephone Number | | | |
| Enclosed is a ch | eck for the | e following amount: | | | | | |
| □ \$25.00 Filir | ng Fec | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Mailing Address: Registration Section | | Street Address: Registration S | | | | | |
| Division of Corporations | | | Division of Corporations | | | | |
| | 30x 6327 | | The Centre of | f Tallahassee roe Street, Suite 810 | | | |
| і анаг | iassee, r | L 32314 | 2410 N. WON | not succe sunt of 0 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 10091 GULF BOULEVARD 403E | ELLC | | 8 11 |
|--|---|---|----------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited I | ny as it now appears on our records.) .iability Company) | 5 111 |
| The Articles of Organization for this Limited L Florida document number <u>L19000107377</u> | iability Company | were filed on 04/19/2019 | and assigned |
| This amendment is submitted to amend the foll | owing: | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | |
| FUNSHINE HOLDINGS LLC | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabil | lity Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | rable: | 8872 REYMONT ST | |
| (Principal office address MUST BE A STREET ADDRESS | | ORLANDO, FL 32827 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 8872 REYMONT ST ORLANDO, FL 32827 | |
| B. If amending the registered agent and/or in agent and/or the new registered office addre | | address on our records, <u>enter the</u> | name of the new registered |
| Name of New Registered Agent: | MING JYH LII | N JR | |
| New Registered Office Address: | 13493 PARK E | BLVD | |
| | | Enter Florida street address | |
| | SEMINOLE | . Floric | la ³³⁷⁷⁶ |
| | | 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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|--------------------|---------------------------------------|
| AMBR | MING JYH LIN JR | 12024 80TH AVE | |
| | | SEMINOLE, FL 33772 | |
| | | | □Change |
| AMBR | VICTORIA HISAYO LIN | 8872 REYMONT ST | □ Add |
| | | ORLANDO, FL 32827 | |
| | | | |
| MGR | VICTORIA HISAYO LIN | 8872 REYMONT ST | ≣ Add |
| | | ORLANDO, FL 32827 | □Remove |
| | | | □Change |
| MGR | MING JYH LIN JR | 13493 PARK BLVD | ————————————————————————————————————— |
| | | SEMINOLE, FL 33776 | □Remove |
| | | | □Change |
| | | | |
| | | | Remove |
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| Affective date, if an effective date is Note: If the date locument's effect | inserted in this | s block does | filing: ic and cannot b not meet the | applicable | ate of filing o | r more than ⁶ ling require | (optio 0 days after t ments, this | nal) iling.) Pursuar date will not | nt to 605,0207 i be listed as i |
| record specifies a l is filed. | ı delayed effe | ctive date, bu | it not an effe | ctive time. | at 12:01 a.i | n. on the ea | rlier of: (b) | The 90th c | lay after the |
| oCTOBEF | : 9 | | 2020 | | /)(| | | | |
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| | | | <u> </u> | | | | | | |
| | | Signature | of a member of | or authorize | d representat | ve of a men | ber | | |

Filing Fee: \$25.00