

L19000107406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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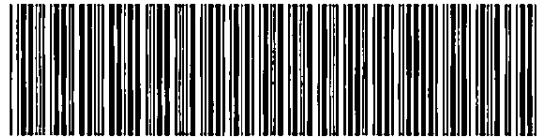
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 13

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE HALCYON LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAKESH SHARMA
Name of Person

SUNSHINE HOMEWOOD LLC
Firm/Company

1819 ALICIA WAY
Address

CLEARWATER FL 33764
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MANIK CHAMARTHY at (727) 647-3750
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 HALCYON LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/19/2019 and assigned
Florida document number L19000107406.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNSHINE HOMEWOOD LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1819 ALICIA WAY
CLEARWATER FL 33764

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1819 ALICIA WAY
CLEARWATER FL 33764

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

RAKESH K. SHARMA

New Registered Office Address:

1819 ALICIA WAY

Enter Florida street address

CLEARWATER

City

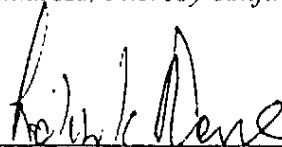
Florida

Zip Code

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9 AUG 19 AM 11:51
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DUNDIGALLA, KRUSHNA M.	12706 EAGLES ENTRY DR. ODESSA FL 33556	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	SHARMA, RAKESH K.	1819 ALICIA WAY CLEARWATER FL 33764	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	TEJINDER S. GLAMOUR & MANINDER P. GLAMOUR REVOCABLE LIVING TRUST	5354 62ND AVE S ST. PETERSBURG FL 33715	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CHIDARALA VENUGOPAL	21153 WALKLEY HILL PL. ASHBURN VA 20148	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	CHINNARI LLC	14905 CAPRICORN LANE CHARLOTTE NC 28277	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	GLAMOUR, AMITA Kaur	5400 HUTCHINSON ST. PORT ORANGE, FL 32128	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

FILED
AUG 9 2011
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 AUG 19 AM 11:4
SECRETARY OF STATE
WASHINGTON, D.C.

FILED
19 AUG 19 AM 11:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective 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 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 6th, 2019.

Handwritten signature: *Handwritten signature*

Signature of a member or authorized representative of a member

MANIK. R. CHAMARTY
Typed or printed name of signee