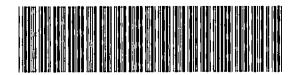
L19000150139

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

	Registration 5 Division of Co		•	
erib ika	Fx Munch	ers, LLC	•	•
SUBJEC	· I :	Name of Lin	nited Liability Company	
The enck	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		Theresa Thompson		
		<u> </u>	Name of Person	
		SUNSTATE VENTURES	. LLC	
		-	Firm/Company	
		Po Box 343047		
		-	Address	
		Homestead, Florida 33034		
		Sunstateventunus f xmunchers @gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For f urth e	er information of	concerning this matter, please c	all:	
Theresa *	Thompson		954 8708877 at ()	
	Name (of Person		ime Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 Filing Fee	S30.00 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 Addre		Street Address:	Yeian
Registration Section Division of Corporations		Registration S Division of C		
	P.O. Box 632	•	The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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VALLER SEC. FE

May 27, 2021

THERESA THOMPSON P.O. BOX 343047 HOMESTEAD, FL 33034

SUBJECT: FX MUNCHERS LLC Ref. Number: L19000150139

We have received your document for FX MUNCHERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 221A00011569

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FX MUNCHERS, LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/06/2019 and assigned
Florida document number L19000150139	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
SUNSTATE VENTURES, LLC	
he new name must be distinguishable and contain the words "Limi	ted 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 ADDR	ESS)
Enter new mailing address, if applicable: "Mailing address MAY BE A POST OFFICE BOX"	9 TT 03
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	Wichael Champsons Pul SE 35th Avenue Svite B Enter Florida street address
New Registered Office Address: 2	21 SE 354 AVEUL SviH B Enter Florida street address
	towestead Florida 3333 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:

٠,,

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Theresa Thompson	Po Box 343047	□Add
		Homestead, Florida 33034	■Remove
			☐Change
MGR	Michael Thompson	Po Box 343047	≡ Add
		Homestead, Florida	□Remove
			□Add
			Remove
			□Change
			□Add
			Remove
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ste: If the date inserted in this blocument's effective date on the Deceord specifies a delayed effective is filed. March 19	date, but not an effectiv	/e time, at 12:01 a.m. or		e 90th day after the
ted	date, but not an effectiv	/e time, at 12:01 a.m. or		e 90th day after the