## L19000153610

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## **COVER LETTER**

TO: Registration Se Division of Cor			i,
SUBJECT:	J Sunshine U Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Name of Person  Whine ULC  Firm/Company	
	2517 pros	PCLST. Address	
	Savasota,  Tulia (  E-mail address: (	FL 34239  City/State and Zip Code  ROSEBAY . LOW  To be used for future annual report notifi	) ication)
For further information e	oncerning this matter, please ca		
Julia CL Name o	CVU f Person	at ( <u>941</u> ) <u>706 –</u> Area Code Daytime	B19, 9, Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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)
MAII	INC ADDRESS:	STPEET/COUPII	ED ANNUFEC.

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

me of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number L19000153610 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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.

City

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
AMBR	Kathy Clark	3317 Beaumont Centre cir	Add
		3317 Beaumont Centre cir Lexington by 40513	□ Remove
			Change
			Add
			□ Remove
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(If an effective Note: If the	date, if other than e date is listed, the date he date inserted in the s effective date on the	must be specific is block does n	and cannot of meet the	be prior to da applicable	te of filing or mo	re than 90 days	optional) after filing.) Pur , this date will	suant to 605,0207 ( not be listed as the
the record ) The 90	l specifies a dela th day after the	yed effectiv record is file	e date, t ed.	out not ar	effective ti	me, at 12:0	01 a.m. on t	the earlier of:
Dated	10/23/19	Signature o	La (	llu or authorized	representative one of signee	of a member		<del></del>

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Filing Fee: \$25.00