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Special Instructions to I	Filing Officer:	_

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2022 NOV - 4 MIT 91 36 SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

	Registration Se Division of Cor				
CHD IEZ		E ARCHITECTURE & PLAN	NING LLC		
SUBJEC	. I ;	Name of Lin	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
		indence concerning this matter			
		OSCAR PRIETO BONILI	.A		
			Name of Person		•
		SUNSHINE ARCHITECT	URE & PLANNING		
			Firm/Company	<u> </u>	
		1729 CAMELIA LN			
			Address	-	-
		NAPLES, FL 34105			2022 SEC TA
		oscarprieto00@gmail.com	City/State and Zip Code		2022 NOV - 4 SECRETATO TALLATO
For furth	er information c	E-mail address: (oncerning this matter, please c	to be used for future annual report not all:	ification)	18888. E
OSCAR	PRIETO BONII	LLA	239 877 6013		226
	Name o	f Person	at () Area Code Daytin	ne Telephone Number	
Enclosed	is a check for th	ne following amount:			
≡ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
	Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations	

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE ARCHITECTURE & PLANNING LLC

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	n our records, enter	my," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation of the street address.	and assignant here: Solve the designation "LLC" or the abbreviation "L.L. Solve the designation "L.C." or the abbreviation "L.L. Solve the designation the designation "L.C." or the abbreviation "L.L. Solve the designation the designation the designation the designation that the designation the designation that the designation tha

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 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	GISELLE FORCADA CARMONA	1729 CAMELIA LN, NAPLES, FL 34105	= Add
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Dated OCTOBER 21	90th day after t
Dated	
1 14413717	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00