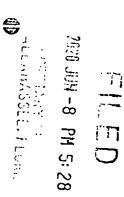
## L20000 17568

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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JUN 8 2020



## **COVER LETTER**

**Registration Section** 

Division of Corporations

TO:

	LLC Change	of Name	*	·
SUBJECT:		Name of Limit	ed Liability Company	
		mendment and fee(s) are subm		
Please return	n all correspon	dence concerning this matter to	o the following.	
		Patrick Lawson		
			Name of Person	
		Ocho Rios ATM Services		
		<u> </u>	Firm/Company	
		7509 W. Sunrise Boulevard		
			Address	
		Plantation, Florida 33313		
		patrickllawson@yahoo.com	o be used for future annual repor	r polification)
For further	information co	oncerning this matter, please ca		
Patrick Lav	wson		305 300-40- at ()	
	Name o	f Person	Area Code D	aytime Telephone Number
Enclosed i	s a check for th	ne following amount:		
	) Filing Fee	■ \$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)
R D P	Aailing Addrest Registration Solvision of Co.O. Box 632 Fallahassee,	Section Corporations 27	The Centre	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED **OF**

2020 JUN -8 PM 5: 28

Ocho Rios ATM Services LLC	2020 JUN -8 PM 5: 28		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
e Articles of Organization for this Limited Liability Company orida document number L20000017568	al analysis is	med	
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	oility company here:		
cho Rios Sunshine Holdings LLC	and the state of the state of the	<u> </u>	
e new name must be distinguishable and contain the words "Limited Liab		. <b>.</b> .	
nter new principal offices address, if applicable:	7509 W. Sunrise Boulevard		
Principal office address MUST BE A STREET ADDRESS	Plantation, Florida		
	33313		
nter new mailing address, if applicable:	7509 W. Sunrise Boulevard		
_	Plantation, Florida		
Mailing address MAY BE A POST OFFICE BOX)	33313		
. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	e address on our records, enter the name of the new	regis	
	, Florida		
ew Registered Agent's Signature, if changing Registered Agen	<b>4</b> .		

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>	Name	Address	Type of Action
		N/A	
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			☐ Change
			□Add
			□Change
			□Add
			□Remove

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_	
ine at	details athor than the date of Gling: (optional)
Note: 1	re date, if other than the date of filing:
e record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
Dated _	6-3-2020
	That sc Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member