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(Requestor's Name)	
(Address)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)	
PICK-UP WAIT MAIL	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

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RECEIVED

FLORIDA CAPLIAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE USE FUNDS FROM ACCT: 12021000 AUTHORIZATION SIGNATURE: <u>SUNSHINE HOLISTIC WELLNESS, LLC</u>	
Business Name Doct	ument Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
XCertified Copy of Articles of Organization _X Certificate of Status	n
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual ReportFictitious NameAPOSTIL Country	Foreign filing Limited Partnership Reinstatement Statement of Revocation of Dissolution Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICE 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	ES, INC
PLEASE USE FUNDS FROM ACCT: 12 AUTHORIZATION SIGNATURE: SUNSHINE HOLISTIC WELLNESS, LI	
Business Name	Document Number, (if known):
Walk in	Pick up time
Mail out	Will wait
Photocopy	
_X_Certified Copy of Articles of Organ	nization
X Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X Amendment Resignation of R.A. Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTIL. Country	Statement of Revocation of Dissolution Other

EXAMINER'S INITIALS:____

COVER LETTER

TO: Registration So Division of Co			
	E HOLISTIC WELLNESS, LL	C	
SUBJECT:	Name of Lim	nted Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jeweliet Tangen		
		Name of Person	
	SUNSHINE HOLISTIC W	VELLNESS, LLC	•
	 	Fum Company	
	5130 FRANZ RD #300		
		Address	
	KATY, TX 77493		
		City/State and Zip Code	
	jeweliet@jtwealthmap.com		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Jeweliet Tangen		509 990-8830	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	So),00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	
Division of C		Division of Cor The Centre of T	
P.O. Box 631	<u>′</u> /	ine Centre of 1	arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

AKTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUNSHINE HOLISTIC WELLNESS, LLC

(Name of the Limited Liability Company as II now appears on our records.)

(A Florida Limite	d Liability Company)			
he Articles of Organization for this Limited Liability Compa	ny were filed on 01/18/2022		_ and a	ssigned
orida document number L22000033587				
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited li	ability company here:			
e new name must be distinguishable and contain the words "Eimited Li-	ability Company," the designation	"LLC" or the abbre	n ration "	L.L.C."
nter new principal offices address, if applicable:	5208 66th St. N.			
Principal office address MUST BE A STREET ADDRESS)	STE A	-1''	0022	
	St. Petersburg, FL 33709		FE	
			2;	
nter new malling address, if applicable:			177	رغد د م د
lailing address MAY BE A POST OFFICE BOX)				254 g
		· · · · · · · · · · · · · · · · · · ·	:3) -/	
. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent: Legacy RA 6		enter the name (of the n	ew reg
Similar Division and Caption Additional 2330 Clare I	Dr.			
New Registered Office Address: 2330 Clare 1	Enter Florida street	address		
Tallahassee		Florida 3230 ⁶	,	
	Cin		Zip Cod	

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

if amenong Authorized reison(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
MGR	Jeweliet Tangen Enterprises Inc	8030 Fm 359	CAdd
		Fulshear, Tx 77441	□Remove
			□ Change
AMBR	Ten Figures LLC	8030 Fm 359	
		Fulshear, Tx 77441	Remove
			Control Change
AMBR	T&T Holding Group	14082 Flint Bridge Ct	E Add j
		Sugar Land TX 77498	∰Remove
			'Change
AMBR	Ascension Property Holdings	101 Gardenia Ave	
		Ponte Verda Beach, FI 32082	Æ Remove
			□Change
AMBR	Kardia Real Estate USA Inc	8030 FM 359	
		Fulshear, Tx 77441	≱ Remove
			□ Change
			□Add
			□Remove
			Change

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ective date, if other than the o	late of filing:		(optio	nal)		
ective date, if other than the offective date is listed, the date must te: If the date inserted in this blooms.	be specific and cannot be pricely does not meet the appli	or to date of filing or cable statutory fil	more than 90 days after	filing.) I date w	ursuant te ill not be	o 605,020 e listed a
cument's effective date on the De	partment of State's record	S.				
ecord specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m	, on the earlier of: (b)) The	90th day	after th
23rd Febuary ted	. 2022	·				
12.1	Signature of a member or aut					
,						_