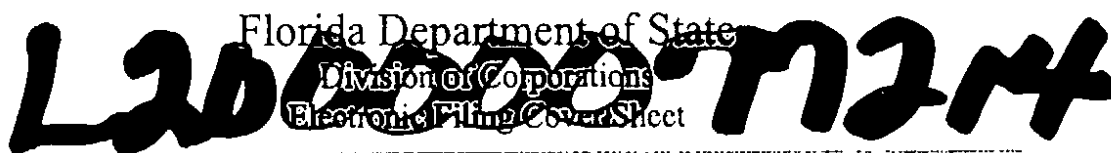


3/18/2020

Division of Corporations



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H20000086923 3)))



H200000869233ABC/

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : WATSON SLOANE JOHNSON PLLC.  
Account Number : I20150000117  
Phone : (407)622-6751  
Fax Number : (866)440-1211

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSHINE HOSPITALITY GROUP LLC**

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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MAR 19 2020

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Corporate Filing Menu

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUNSHINE HOSPITALITY GROUP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/13/2020 and assigned  
Florida document number L20000077214

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: 1850 West Landstreet Rd.  
(Principal office address MUST BE A STREET ADDRESS) Orlando, FL 32809

Enter new mailing address, if applicable: 1850 West Landstreet Rd.  
(Mailing address MAY BE A POST OFFICE BOX) Orlando, FL 32809

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

City, Florida 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:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Rizwan Farooq	51 Goodluck Street	<input type="checkbox"/> Add
		Edison, NJ 08820	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2020 MAR 18 PM 12:20

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2020 MAR 18 PM 12:20

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated March 17, 2020

Shahad M. Khan, Manager

Typed or printed name of signee

**Filing Fee: \$25.00**