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## **COVER LETTER**

TO: Registration Section Division of Corporations	•
SUBJECT: SUNShine Ser	nior Solutions
	ted Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Dana Res	550G
· <del></del>	Name of Person
	Firm/Company
GOIN COM	gress Ave STE 435-B
Delray B	City/State and Zip Code
E-mail address: (to	o be used for future annual report notification)
For further information concerning this matter, please cal	II:
Daha PRSSDA Name of Person	at (SO) 528 1592 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Salution Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

SUNShine Senior Solutions, Leganor Since

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	TALLAHASSEE, FI
The Articles of Organization for this Limited Liability Company Florida document number L2.00001031814.	were filed on 4/15/20	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of the limited liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name of the limited liability of the new name of the ne	acro	reviation "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 a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
<del></del>	riorida	Zm 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>	Address	Type of Action
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Effective date, if a (If an effective date is I Note: If the date in document's effective date in the date in the date in the content of the	isted, the date this	nust be specific an block does not	d cannot be prior to meet the applicab	date of tiling or le statutory fi	r more than 90 days	optional) safter filing.) Purs s, this date will i	uant to 605. not be liste	.0207 (3 ed as th
document's effective	ve date on the	Department of	state's records.					
the record specifies a ord is filed.	delayed effec	tive date, but no	t an effective time	e. at 12:01 a.n	n, on the earlier o	of: (b) The 90t	h day after	the
Dated	1	Hth	2002		<b>)</b>			
	<del>.</del>	Signature of a	member of antifori	yed representat	/ ive of a member			
		, <del>,</del>	1					

Filing Fee: \$25.00