

L20000103786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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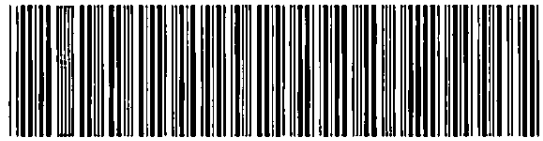
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Senior Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana Pessoa
Name of Person

Sunshine Senior Solutions LLC
Firm/Company

601 N Congress Ave STE 435-B
Address

Delray Beach FL 33445
City/State and Zip Code

SunshineSeniorSolutions20@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Pessoa at (561) 528 1592
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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

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

Sunshine Senior Solutions 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 4/15/2020 and assigned Florida document number L200000103786

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

Charles Vickery

New Registered Office Address:

6852 Skyline Dr

Enter Florida street address

Delray Beach

City

Florida

33446

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.

Charles Vickery

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>
AMBR	Dana Pessoa	601 N Congress Ave STE 435-B	<input checked="" type="checkbox"/> Add
Authorized Official		Delray Beach FL 33445	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Anish Makim	951 Swill High Drive	<input type="checkbox"/> Add
Registered Agent		Oshawa Ontario,	<input checked="" type="checkbox"/> Remove
		L1K 2A7 CA	<input type="checkbox"/> Change
AMBR	Sherrie Lucas	601 N Congress Ave	<input type="checkbox"/> Add
		STE 435-B Delray	<input checked="" type="checkbox"/> Remove
		Beach FL 33445	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

JUST TO BE CLEAR, WE ARE ADDING DANA PESSOA
AS THE AUTHORIZED MEMBER AND
REMOVING ANISH MAKIM AS AUTHORIZED
MEMBER AND REGISTERED AGENT. ALSO,
REMOVING SHEKIE LUCAS AS AUTHORIZED
MEMBER.

E. Effective date, if other than the date of filing: 11/20/2023 (optional)

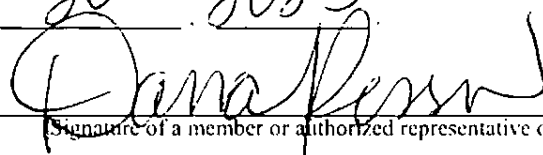
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The day after the record is filed.

Dated

November 20, 2023



Signature of a member or authorized representative of a member

Dana Pessoa

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA