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COVER LETTER

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CUDICCT.		onsulting Partners LLC	and the second	
SUBJECT:	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	muted for filing.	
Please retur	m all correspo	indence concerning this matter	to the following:	
		Rebecca L Presley		
			Name of Person	
		Sunshine Consulting Partne	ers LLC	
			Firm-Company	·
		6450 Gulfport Blvd S		
		•	Address	
		South Pasadena, FL 33707		
			City/State and Zip Code	<u> </u>
		rebeccapresley1@gmail.cor		
		E-mail address: (to be used for future annual report noti-	fication)
For further	information c	oncerning this matter, please ea	all:	
Rebecca P	resley		727 307-1919	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	he following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	niling Addres		<u>Street Address:</u> Registration Se	ction
		Corporations	Division of Cor	porations
	O. Box 632		The Centre of T	
T:	allahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Consulting Partners LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer	e filed on May 19, 2020	and assigned
lorida document number L20000135543		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
Sunshine Psychoeducational Services LLC		
he new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		=
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
_		
3. If amending the registered agent and/or registered office add	ess on our records, enter the na	me of the new regis
gent and/or the new registered office address here:		53
		• 1
Name of New Registered Agent:		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
		€,
New Registered Office Address:	Enter Florida street address	±:
		- - - -
	, Florida _	Zip Code
	Cij.	ZIJI CHUKIN

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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			□Remove
			☐ Change
			Add
			□Remove
<u> </u>			
			□Remove
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						<u>.</u>
Hective date, if other that an effective date is listed, the dote: If the date inserted in becoment's effective date on	this block does not r	neet the applicat	o date of filing or m ble statutory filing	(0) ore than 90 days a g requirements,	ptional) fter filing.) Pursuan this date will not	i to 605.020 be listed a
e record specifies a de The 90th day after th	layed effective c	date, but not	an effective t	ime, at 12:0	1 a.m. on the	earlier o
		2021				
February 15						

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Filing Fee: \$25.00