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(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SEP 2 1 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

Florida Sunshine Home Improvement LLC

SUBJECT:

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:

TALITA BENDILATTI

Name of Person

CONNECTION CONSULTING, LLC

Firm/Company

7450 DR PHILLIPS BLVD, STE 303

Address

ORLANDO, FL 32835

City/State and Zip Code

CONTACT@CONNECTIONACCOUNTING.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

Florida Sunshine Home Improvement LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on (imited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L20000145994</u>	mpany were filed on <u>05/23/2</u>	020 and signed
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: <u>(Muiling address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our recor-	ds, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida si	reet address
		Florida
	Cin	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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

- . .

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALLAN MARCELO ROSSI	9828 EMERALD BERRY DR	
		WINTER GARDEN, FL 34787	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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ive date, if other than the date of filing:		(antional)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	JUNE, 22nd	2020	\bigcirc	
Dateu			·` /	
		Signature of a member or a	inthorized representative of a member	
	ALBERTO AI	/ LONSO DE MORAES CASEMIR	0	
	·	Eyped or p	rinted name of signce	

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