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## **COVER LETTER**

TO:

Registration Section

Division of Corp	porations					
SUBJECT: While	Name of Lin	orties LC		<b>-</b>		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	Frances Rol	11~				
		Name of Person		SECRETARY OF STATE	2021 JU	-
		Firm/Company			1-6	1
	104 Velvetle	eaf Dr.		388 40,	PH	ý
		Address		TE'ST	3	4
	Saint John	Address  S FL 37255  City/State and Zip Code  Common L. Com  (to be used for future annual report notical):		_ 	7	
	0	City/State and Zip Code				
	E-mail address:	(to be used for future annual report noti	fication)	-		
For further information co	oncerning this matter, please o	call:	,			
Francisko	llia	at (904) 755- Arca Code Daytim	1677			
Name of	Person	Area Code Dayum	e Telephone Numb	per		
Enclosed is a check for th	e following amount:					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fee cate of Sta ed Copy nal copy is en	tus &	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite	810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

White Welf T	Properties LLC		
(Name of the Limited I	iability Company as it now appears on our Florida Limited Liability Company)	r records.)	—
The Articles of Organization for this Limited Liabi		s/2020	_ and assigned
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the Sunshine Properties  The new name must be distinguishable and contain the words		SE CHANGES	2021 J
		on "LLC" or the abbre	l Same
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET A		ASSET STAT	6 PP 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		7
B. If amending the registered agent and/or regis		, enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	<del></del>
		, Florida	
-	City		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 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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in effective date i	if other than t is listed, the date :	must be specific a	and cannot be	prior to date of	filing or more th	an 90 days afte	ional) er filing.) Pu	rsuant to 6	505.0207 (3)
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