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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

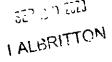




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Ancend



COVER LETTER

TO: Registration Section **Division of Corporations** SUNSHINE BEHAVIOR MOMENTUM, 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: Kiblena Wallace Name of Person Sunshine Behavior Momentum, LLC Firm/Company 711 Parsons Pointe Street Address Seffner, FL 33584 City/State and Zip Code KiblenaWallace@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kiblena Wallace Name of Person Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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 BEHAVIOR MOMENTUM, LLC				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records I Liability Company)	P)		
The Articles of Organization for this Limited Liability Compan	y were filed on July 06, 2020	and assigned		
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 Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		2		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	77		
	 	·		
		ີ::		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
		<u> </u>		
 If amending the registered agent and/or registered office gent and/or the new registered office address here: 	address on our records, <u>enter t</u>	<u>he name of the new regis</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
 		rida		
	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 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
AMBR	Kiblena Wallace	711 Parsons Pointe Street Seffner, FL 33584	= Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			☐ Change
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			□Add
			□ Remove
			□Change

. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to	o date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), ble statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective tine cord is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated August 06 2020	
Killena Wall	a C
1. /	nized representative of a member

• . . •

Filing Fee: \$25.00