L20000210347

Office Use Only



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COVER LETTER

	istration Sec ision of Corp			. •			
SUBJECT:	_	e & Consulting, LLC					
SOBJECT.	Name of Limited Liability Company						
The enclosed	Articles of Z	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		Jadeth Adreana Yepez					
			Name of Person				
		Sunrise Care & Consulting	!				
	Firm/Company 201 Plantation Club Dr. #707						
	Address						
		Melbourne, FL 32940					
		jadreanagab@gmail.com	City/State and Zip Code				
			to be used for future annual report noti	lication)			
For further in	formation co	ncerning this matter, please co	all:				
Jadeth Yepez	٠.		305 244-3169 at ()				
_	Name of	Person		e Telephone Number			
Enclosed is a	check for the	following amount:					
■ \$25.00 F	iling 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)			
.							

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

Sunrise Care & Consulting 1.45LG

(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 Compani	y were filed on July 20, 2020	and assigned
Florida document number 1.20000210347		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" c	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)		
		
B. If amending the registered agent and/or registered office	address on our records, <u>enter th</u>	e name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code
	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 2:20 AL 2 13 PM 5:48	Type of Action
MGR	Jadeth Adreana Yepez	201 Plantation Club Dr #707, Melbourne, FL 32940	= Add
			□Remove
			□Change
MGR	Maria M Yepes	201 Plantation Club Dr #707, Melbourne, FL 32940	□Add
			=Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Remove
			□Change

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	2-31: 13 Pil 5: 48
	
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ctive date, if other than the da	ate of filing:(optional)
effective date is listed, the date must be	e specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>e:</u> If the date inserted in this block iment's effective date on the Depa	k does not meet the applicable statutory filing requirements, this date will not be listed artment of State's records
and the treph	millen of state 3 records.
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filed.	late, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
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	Clartalla Capa
Sis	gnature of a member or authorized representative of a member 3