Elorida Department of State 3 8 5 3 9 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:______

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSHOT LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshot LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 08/06/2020	and assigned
This amendment is submitted to amend the follow	ine:	
A. If amending name, <u>enter the new name of th</u>	ne united namity company nere.	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	<u></u>
		7 077
The allower if amplicables		SEP I
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u></u>	
(Making daaress MAT BE ATOST OFFICE B)		0.7
		Ŧ.
B. If amending the registered agent and/or registered agent and/or the new registered officered.	r registered office address on our records, <u>en</u> ce address here:	ter the name of the new
registered agent and or the new registered and		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	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	James Drake	7901 4th St N STE 300	Ø Add
		St. Petersburg, FL USA 33702	□ Remove
			☐ Change
MGR	Joshua Drake	7901 4th St N STE 300	🗹 Add
		St. Petersburg, FL USA 33702	🗆 Remove
			☐ Chánge
<u> </u>			🗆 Add
			☐ Remove
			Change
			🗆 Add
			□ Remove
			Change
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(If an effective dat Note: If the da	, if other than the date is listed, the date must be te inserted in this block ective date on the Depar	specific and cannot be pri does not meet the appl	or to date of filing or icable statutory fil	more than 90 days aft	tional) er filing.) Pursuant to 605. nis date will not be liste	.020 (d.a.)
he record sp The 90th o	ecifies a delayed ef lay after the record	fective date, but r is filed.	not an effective	e time, at 12:01	a.m. on the earlie	er o
Dated Aug	just 31	2020	<u>)</u>			
	Rily Park	nature of a member or au	thorized representat	ive of a member	4.00	
P			·			
R	iley Park		inted name of signee			

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Filing Fee: \$25.00