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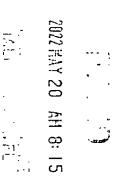
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## **COVER LETTER**

TO: Registratio Division of	n Section Corporations
SUNK	IST HOLDINGS LLC
SUBJECT:	Name of Limited Liability Company
	es of Amendment and fee(s) are submitted for filing.
Please return all con	respondence concerning this matter to the following:
	ADRIAN DADIC
	Name of Person
	Firm/Company
	2511 N HIATUS RD #1005
	Address
	COOPER CITY, FL 33026
	City/State and Zip Code
	SUNKISSEDPROPERTYHOLDINGS@GMAIL.COM
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
ADRIAN DADIC	754 3331644 at ()
<u> </u>	ame of Person Area Code Daytime Telephone Number
m a la dest	See the Cillianian amount
	for the following amount:
S25.00 Filing I	Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  E \$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



2022 NAY 20 AM 8: 15

SUNKIST HOLDINGS LLC		* T
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we florida document number $\frac{1.20000273654}{1.00000273654}$ .	ere filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
SUN-KISSED PROPERTY HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	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 acagent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
/	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> Fitle</u>	<u>Name</u>	Address	Type of Action
			Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
		/	☐ Change
			∐Add
	,		Remove
			Change
			🗆 Add
			□Remove
			Change
	_/		
	/		□Remove
/			Change

<u> </u>	
	/
<b>Sate:</b> If the date inserted in the	n the date of filing:
record specifies a delayed ef d is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated	12:00PM
/IIIOO	

Filing Fee: \$25.00

Typed or printed name of signee