## L20000294233

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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US 12/a/20

## **COVER LETTER**

	stration Se ion of Cor			÷
SUBJECT: _	Sunsh	ine Enterprise 1 LL		
SUBJECT: _			ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter		
			Sayem Hossain	
			Name of Person	
		Su	unshine Enterprise 1 LLC	
		44754 04 1		; p.; (4)
		11/51 8th	Way N Apt 8 Address	NOV -2 PH 1: 48
		et neten	SBURG, FL 33716	. 2
		SIFEIER	City/State and Zip Code	: P
		É-mail address: (	to be used for future annual report not	fication)
For further inf	ormation c	oncerning this matter, please c	all:	, 65
Saye	em Hoss	ain	at ( 727 ) 656-81	123
	Name o	f Person		e Telephone Number
Enclosed is a o	check for th	ne following amount:		
<b>√</b> \$25.00 Fil	ling 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)
	ing Addres istration S		Street Address: Registration Se	ction
_		orporations	Division of Cor	
	Box 632	<del>-</del>	The Centre of T	•
		FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Enterprise 1 LLC (Name of the Limited Liability Company as it now and	nears on our records )
( <u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Compan	y)
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number <u>L20000294233</u>	
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 Liability Company," the	ne designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(2) (2)
(Principal office address MUST BE A STREET ADDRESS)	
Trintipar office address most be A STREET ADDRESS	
<del></del>	
	PH PH
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
<del></del>	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter 1	Florida street address
	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 the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for i	of my duties, and I am familiar with and

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>	Name	<u>Address</u>	Type of Action
MGR	MD Moshiur Rahaman	2517 48Th Ave N	□Add
		ST PETERSBURG, FL 33714	Remove
			□Change
MGR	Layzu Akter	2517 48Th Ave N	[J <b>\</b> dd
		ST PETERSBURG, FL 33714	□ Remove
			Change
			N DAdd
		· · · · · · · · · · · · · · · · · · ·	PRemove □ Remove □
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ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing one.  If the date inserted in this block does not meet the applicable statutory fi	r more than 90 days after filing.) Pursuant to 605.0.
iment's effective date on the Department of State's records.	mig requirements, this date will not be histed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.t	n. on the earlier of: (b) The 90th day after t
filed.	
a October 26th 2020	
d wooden worker.	
Sugnature of a member or authorized representat	

Filing Fee: \$25.00