

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**L20000313230**

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000101941 3)))



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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : BYTES SERVICES LLC  
Account Number : I20210000149  
Phone : (786)600-8004  
Fax Number : (305)602-9816

**\*\*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  
SUNRISE MEDICAL WELLNESS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2022 MAR 18 PM 2:10

FILED  
2022 MAR 18 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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Y. LEMIEUX

MAR 22 2022

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

(((H22000101941 3)))

SUNRISE MEDICAL WELLNESS LLC

(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 Company were filed on 10/13/2020 and assigned Florida document number L20000313230.

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 designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

22018 ENSENADA WAY

BOCA RATON FLORIDA 33433

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22018 ENSENADA WAY

BOCA RATON FLORIDA 33433

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CHEPE, LINO.

New Registered Office Address:

22018 ENSENADA WAY

*Enter Florida street address*

BOCA RATON

*City*

Florida 33433

*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. OF 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.*

*Lino Chepe*  
If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	PARDINAS, VIRGINIA	22018 ENSENADA WAY	<input type="checkbox"/> Add
		BOCA RATON FLORIDA 33433	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHEPE, LINO	22018 ENSENADA WAY	<input type="checkbox"/> Add
		BOCA RATON FLORIDA 33433	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Principal Address, Mailing Address, Registered Agent Address &amp; Authorized Person Address, should be:

22018 ENSENADA WAY

BOCA RATON FLORIDA 33433

Authorized Person(s) Detail

CHEPE, LINO - Title MGR

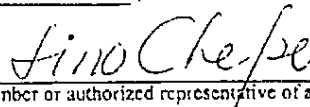
22018 ENSENADA WAY

BOCA RATON FLORIDA 33433

**E. Effective date, if other than the date of filing:** 03/18/2021 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March, 18th, 2022

  
Signature of a member or authorized representative of a member

CHEPE, LINO

Typed or printed name of signee

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