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## **COVER LETTER**

TO: Registration Se Division of Cor		· · · · · · · · · · · · · · · · · · ·	
SUBJECT:	. Give The	Jun vi se, LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Haya Hoffman Name of Person	
	<u> </u>	ive The Sunise LL	<u> </u>
	3103 Hystlewor	od Circle Eart	2020 DEC
	Palm Beach	Jandens FL 33418 City/State and Zip Code	2020 DEC 16 PH 3: 12
		rise @ amai (. com to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Alan Hoffman		at (541 ) 628 - 99 Area Code Daytim	<u> </u>
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing 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 Addres	<del></del>	Street Address:	ation
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Give The Jun, LLC	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabilit	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on $\frac{11/2/2020}{}$ and assigned
Florida document number <u>L20000347918</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
Give The Sunrise LLC.  The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
	,
Enter new principal offices address, if applicable:  (Point vinal office address MUST RE A STREET ADDRESS)	
(Principal office address MUST BE A STREET ADDRESS)	20
	28.20 DEC
Enter new mailing address, if applicable:	
•••	51 6
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	∤ •—I ——
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	ity Zip Code

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 o	
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Alana Hoffman Type	2020						
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