## LRC CCC 396 005

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January 12, 2021

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

Please see enclosed for:

- Check number 5279 for \$25.00, payable to Florida Department of State for Amendment to State
- Articles of Amendment to Articles of Organization of Sunshine Marco LLC.

Please contact me if you have any questions. Thank you.

Sincerely.

Audrey Green (

Administrative Assistant to Christopher J. Cona, Esquire

Enclosures

## **COVER LETTER**

TO: Registratio Division of	n Section Corporations		
SUBJECT:	SUNSHIN	e MAILO LLL	
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all corr	respondence concerning this matter	to the following:	
	Cho	S CINA Name of Person	
		A LAW PLL L Firm/Company	
		Firm/Company	
	3785	Airpit Rd #0	
		Address  Ales, Allida 34/ City/State and Zip Code  Witthoff Ciohnum to be used for future annual report noti	05
	E-mail address: (	without e johne to be used for future annual report noti	1000. (.om_
For further informat	ion concerning this matter, please c	all:	
	MIS ONA	at (279) 274 Area Code Daytim	re Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fo	ce \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad	ddress:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

Sunshine	MALLO LLL	
		<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>LZ0000390005</u>	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		202)
(Principal office address MUST BE A STREET ADDRESS)	ument number	
Fator now mailing address if applicable		
irraning dadress mill be in our our seems		<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
<del>-</del>	City	Zip Code

## Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any 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 **Type of Action** Address Title | **Name** MAILO Island, Fla 74145 Decemove MGR Scott Needles \_\_\_\_\_ Change MAR Cuit withoff 1241 LiLAL AVE SAND MAYLO ZILAND, Pla 34195 Remove □Change \_ □ Change \_\_\_ □Add □Change DAdd □ □ Add \_ 🗆 Remove □Change Remove \_\_\_\_\_ □Change

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fective date, if other than the date of n effective date is listed, the date must be speci	ific and cannot be prior to date of filing or more than t	90 days after filing.) Pursuant to 605	.020
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	ut not an effective time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day afte	r th
is filed.			
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Signature	e of a member of aumorized representative of a men	noci	1/1

Filing Fee: \$25.00