

9/21/21, 4:40 PM

Division of Corporations

L210003543357

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: accountant@taxzoneFL.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSHINE RENTAL & LEASE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00

SEP 22 2021

S. PRATHER

2021 SEP 21 PM 4:55

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSHINE RENTAL & LEASE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RESHEKA GRADY

Name of Person

Firm/Company

8030 CARDINAL WINDS LN

Address

MASCOTTE, FL 34753

City/State and Zip Code

RESHEKA GRADY24@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RESHEKA GRADY

407

369-9166

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE RENTAL & LEASE 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 01/11/2021 and assigned
Florida document number L21000025357.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

CLARENCE WHEELER III

New Registered Office Address:

8030 CARDINAL WINDS LN

Enter Florida street address

MASCOTTE

Florida 34753

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.

Clarence Wheeler III
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>
PRES	RESHEKA GRADY	8030 CARDINAL WINDS LN	<input type="checkbox"/> Add
		MASCOTTE, FL 34753	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
PRES	CLARENCE WHEELER III	8030 CARDINAL WINDS LN	<input checked="" type="checkbox"/> Add
		MASCOTTE, FL 34753	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.)

N/A

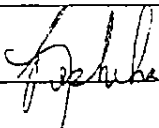
E. Effective date, if other than the date of filing: _____ (optional)

(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 SEPTEMBER 21, 2021



Signature of a member or authorized representative of a member

RESHEKA GRADY

Typed or printed name of signer

Filing Fee: \$25.00