L2100002602Z

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oity/State/Elpir Hone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:

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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corpor			
~1.55	- Sun Droms		· •
SUBJECT: SUNSET	Name of Limi	ted Liability Company	<u> </u>
		ico sinomy company	
The enclosed Articles of Am	endment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
Trade retain an corresponde	nee concenting this matter		
	CALVIN LAR	S CHRISTENSEN Name of Person	
		Name of Person	
	SUUSET	Similarms 1/1	
	307321	Sun Rooms, LLC Finn/Company	
	2740 MART	TIN DOWNS BLVD Address	
		Address	
		7	
	DALM CITY	FL 34990 City/State and Zip Code	
_	E-mail address: (1	o be used for future annual report notification	-0
		·	,
For further information conc	erning this matter, please ca	all:	
LARC CAR.	· · · · · · · · · · · · · · · · · · ·	38/2 295-63	? <i>₹</i>
LARS CHRIS	21 Fr 2 Fr	at (386) 295 - 63 Area Code Daytime Tele	ephone Number
		,	•
Enclosed is a check for the fe	ollowing amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Sec	tion	Registration Section	า
Division of Corp	porations	Division of Corpora	
P.O. Box 6327		The Centre of Talla	hassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CCC 2021 FEB 14 AH 7: 15
ny as it now appears on our records.) Liability Company).
were filed on 1 /11 /20 21 and assigned
ility company here:
ity Company," the designation "LLC" or the abbreviation "L.L.C."
n/A
NA
address on our records, <u>enter the name of the new registere</u>
<u>A</u>
Enter Florida street address
City Zip Code
ii liii

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.

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 A	2021 FEB ~4 AM 7: 15	Type of Action	
		NIA	A Company of the Comp	□Add	
				□Remove	
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11/1	2021 FEB ~ 4 AM 7: 15
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fective date, if other than the d	late of filing: (optional)
n effective date is listed, the date must l	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207
ote: If the date inserted in this block current's effective date on the Der	ck does not meet the applicable statutory filing requirements, this date will not be listed as partment of State's records.
·	
ecord 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
is filed.	,
~ ^	
ted FEB &	2021
- Jans	Signature of a member or authorized representative of a member
- 0	agnature of a member of authorized representative of a member
CALUM	LARS CHRISTENSEN Typed or printed name of signee
	Typed or printed name of signee