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COVER LETTER

Tallahassee, FL 32314

TO:

	egistration Sec ivision of Corp					
	Matt Hejazi	. LLC				
SUBJECT	:	Name of Limi	ted Liability Company			
The enclos	ed Articles of /	Amendment and fee(s) are subt	mitted for filing.			
Please retu	rn all correspo	ndence concerning this matter	to the following:			
		Matt Hejazi				
Name of Person						
		Matt Hejazi, LLC				
			Firm/Company	-		
		6020 Walnut Hill Dr				
Address						
		Lake Worth, FL, 33467				
			City/State and Zip Code			
		maashti@gmail.com	to be used for future annual report notific	ration)		2023
For further	r information co	oncerning this matter, please or		•	.'	130
Matt HejaZl			561 306-5222 at ()		1.7.16	12 P
	Name o	f Person	Area Code Daytime	Telephone Number	71.	2023 OCT 12 PH 12: 18
Enclosed i	s a check for th	ne following amount:			•	~
\$25.00	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fili Certificate Certified ((additional c	e of Stati Copy	
	lailing Addres Registration S		<u>Street Address:</u> Registration Sect	ion		
Division of Corporations			Division of Corp.	orations		
P.O. Box 6327			The Centre of Ta	Hahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MATT HEJAZI, 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 $\frac{01/15/2021}{1}$ and assigned Florida document number 1.21000033714 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNSHINE REALTY & PROPERTY MANAGEMENT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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: New Registered Office Address: Enter Florida street address

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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

_, Florida __

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> Name Address Type of Action _____ 🗆 Add _____ □Remove ____ Change □Add □Remove ∑ □**S**nange _____ □Remove _____ □Change _____ □Remove _____ □Change _____ □ Add

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an effective date is listed, the da	n the date of filing: te must be specific and cannot be pr his block does not meet the app	ior to date of filing or more than 90	(optional)) days after filing.) Pursuant to 605.	.0207
	the Department of State's record		nerts, this date will not be fiste	.u as
		o time, at 12:01 a.m. on the ear	dier of the The 90th day after	the.
	fective date. But not an effective		ner (ii. (b) The John day affer	шк
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