L21000044777

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300365894113

27, 17, 21 - 12,052 - 12,57 | ++25,67



COVER LETTER

&: ed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

South Florida o	Long Dasis LLC	_
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L210004417</u> 7	were filed on	assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab South Florida Sunny The new name must be distinguishable and contain the words "Limited Liabi		n "L.L.C."
Enter new principal offices address, if applicable:	2102 NE 68 st Fort Locuderdole 3330	
(Principal office address MUST BE A STREET ADDRESS)	PUPT LOUIGERABLE 353U	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2102 NE 68 st Fort Lauderdole 352	OB FL
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		
Name of New Registered Agent:	NA (We need to rem	ove
New Registered Office Address:	registered osent name Enter Florida street address)=
	, Florida;	
New Registered Agent's Signature, if changing Registered Agent:		ode ··
new registered Agent's Signature, il 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 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	Membe:

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Sherwin Brown	BOCA ROLOW, FL	□Add
		Boca Ratou, FL	Remove
			Change
		<u></u>	□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

). If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
	
	
	
Note: If th	late, if other than the date of filing:
the record specord is filed.	ecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	5/12/1021
	Signature of a member or authorized representative of a member
	Alelena Marantsman
-	Typed or printed name of signee

Filing Fee: \$25.00