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7/2/



COVER LETTER

TO:

Registration Section

Division of Corporations SUNSHINE JEWELRY BY MC LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for tiling. Please return all correspondence concerning this matter to the following: JUAN CARLOS ESTRADA ALBERTI Name of Person SUNSHINE JEWELRY BY MC LLC Firm/Company 1149 INDEPENDENCE TRAIL APT K Address HOMESTEAD, FL 33034 City/State and Zip Code SUNSHINEJEWELRYBYMC@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JUAN CARLOS ESTRADA ALBERTI Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE JEWELRY BY MC L	LC				
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited L Florida document number <u>L21000089879</u>		were filed on 02/23/2021	and assigned		
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."		
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS</u>)		JUAN CARLOS ESTRADA ALBERTI			
		1149 INDEPENDENCE TRAIL APT K			
		HOMESTEAD, FL 33034			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		1149 INDEPENDENCE TRAIL APT	K		
		HOMESTEAD, FL 33034			
3. If amending the registered agent and/or gent and/or the new registered office addre		address on our records, enter the na	me of the new regis		
Name of New Registered Agent:	JUAN CARLOS ESTRADA ALBERTI				
New Registered Office Address:	1149 INDEPE	NDENCE TRAIL APT K	<u>.</u>		
		Enter Florida street address	3, 0		
	HOMESTEAD	, Florida	3034 <u>C</u>		
		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.

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	Type of Action
MGR	JUAN CARLOS ESTRADA ALBI	1149 INDEPENDENCE TRAIL APT K	= Add
		HOMESTEAD, FL 33034	□Remove
			□ Change
			∐Remove
			□ Change
			🗀 Add
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n effective da o <mark>te:</mark> If the d	te, if other than the ate is listed, the date must date inserted in this blotfective date on the De	t be specific ar ock does not	nd cannot be prior meet the applic	r to date of filing or cable statutory fi	r more than 90 days		
	fies a delayed effective	r date, but no	ot an effective t	ime, at 12:01 a.c	n, on the earlier o	of: (b) The 900	th day after the
							_ 7
ecord specifis filed.	Jul 08		, 2021				
is filed.	10/08		2021				
is filed.		Signature of a	WIT	norized representat	ive of a member		