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COVER LETTER

TO: Registration S Division of Co			•	
Sunshine	Southside Group, LLC		•	
SUBJECT:	Name of Limit	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are subi	nitted for filing.		
	pondence concerning this matter t			
	Elizabeth Scott			
		Name of Person		
	Sunshine Southside Group,	LLC		
		Firm/Company		
	511 Rutile Drive			
		Address		
	Ponte Vedra Beach, FL 320	082		
		City/State and Zip Code		
	pontevedrabeachtl@goddar E-mail address: (dschools.com to be used for future annual report not	ification)	
For further information	n concerning this matter, please c			
Elizabeth Scott		404 375-2787		
Nam	e of Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check fo	or the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Add</u> Registratio		Street Address: Registration S	ection	
-	n Section f Corporations	Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Southside Group, LLC		_
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company v Florida document number 1.21000140626	were filed on <u>3/25/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
N/A		
N/A The new name must be distinguishable and contain the words "Limited Liabili"	ty Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2031
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
(Principal office address SPEST OF A STRUGE TO SECULIAR SPECIAL SPECIA		
		3
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		9
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	enter Florida street ac	
	City	, Florida Zip Code
		2.17 Cour
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie, provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
MGR	Pamela Joann King	12464 Park Ave	= Add
		Windermere, FL 34786	□Remove
			□Change
MGR	Shawn Anthony King	12464 Park Ave	= Add
		Windermere, FI 34786	□Remove
			☐Change
			2021QAdd
			Remove
			H Gehange
			□Vqq
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

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Dated	Signature of a member or authorized representative of a member		i effective time	r, at 12:01 a.m. on	the eartier of:	(b) The 90	an day after the
Dated	Signature of a member or authorized representative of a member		2021				
Signature of a member or authorized representative of a member		Dated June 13					
Signature of a member or authorized representative of a member		200					
	Elizabeth Scott	Signature of a me	ember or authoria	red representative o	i a member	<u>.</u>	

Filing Fee: \$25.00