

KZ1 000181020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

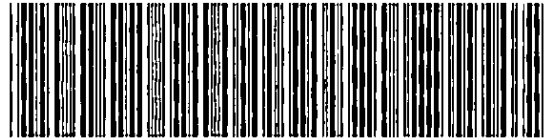
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. RIVERS

NOV 18 2021



500376297275

11/08/21--01018--028 **25.00

FD
2023 NOV -8 AM 11:39
SECRETARY OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSHINE STAR CONSTRUCTION

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

REMO ANTINUCCI

Name of Person

SUNSHINE STAR CONSTRUCTION

Firm/Company

30114 SOTOGRANDE LOOP

Address

WESLEY CHAPEL, FL 33543

City/State and Zip Code

sunshinestarconstruction@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

REMO ANTINUCCI

786 757-0383
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

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
TO
ARTICLES OF ORGANIZATION
OF**

SUNSHINE STAR CONSTRUCTION

(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 04/27/2021 and assigned
Florida document number L21000181020.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

30114 SOTOGRANDE LOOP

WESLEY CHAPEL, FL 33543

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:

REMO ANTINUCCI

New Registered Office Address:

840 SOUTH GRAND HIGHWAY, APT 33A

Enter Florida street address

CLERMONT


City

Florida

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

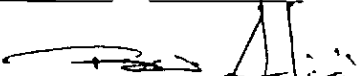
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|-------------------------|--|
| MGR | MAESTRE FIGUEREDO, GISEL/ | 6160 SW HWY 200 | <input type="checkbox"/> Add |
| | | STE 110-532 | <input checked="" type="checkbox"/> Remove |
| | | OCALA, FL 34476 | <input type="checkbox"/> Change |
| AMBR | ANTINUCCI, REMO | 840 SOUTH GRAND HIGHWAY | <input type="checkbox"/> Add |
| | | APT 33A | <input type="checkbox"/> Remove |
| | | CLERMONT, FL 34711 | <input checked="" type="checkbox"/> Change |
| AR | MORALES MELCHOR, LUIS FEL | 6160 SW HWY 200 | <input type="checkbox"/> Add |
| | | STE 110-532 | <input checked="" type="checkbox"/> Remove |
| | | OCALA, FL 34476 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If the record 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 record is filed.

Dated 11/01/2021 9:00 p.m.



Signature of a member or authorized representative of a member

REMO ANTINUCCI

Typed or printed name of signer