L21000208235

(Requestor's Name)
(Address)
(Address)
(100.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to mining Offices.

Office Use Only



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FLORIDA DEPARTMENT OF STATE. Division of Corporations

July 16, 2021

LOVETTE DOBSON 17350 STATE HWY. 249 STE 220 HOUSTON, TX 77064

SUBJECT: SUNSHINE HOMES CONSTRUCTION COMANY LLC

Ref. Number: L21000208235

We have received your document for SUNSHINE HOMES CONSTRUCTION COMANY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

IT APPEARS NOTHING HAS CHANGED ON THE AMENDMENT FORM. UNSURE AS TO WHAT YOU ARE WANTING TO CHANGE.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers Regulatory Specialist II

Letter Number: 321A00016448

The word "company" is misspelled in the LLC name. Amending to the correct name spelling.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE HOMES CONST		<u></u>
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companional document number L21000208235	y were filed on	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lia	bility company here:	
SUNSHINE HOMES CONSTRUCTION COMPANY LLC		
The new name must be distinguishable and contain the words "Limited Liab	pility Company," the designation "LLC" o	r 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)		C1 (S)
	-	
3. If amending the registered agent and/or registered office	address on our records, enter the	e name of the new regist
gent and/or the new registered office address here:	, 	36
		-:: =:
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		. 6
riew registered Office Address.	Enter Florida street address	
	, Florio	da
	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 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
			□Add
			□Remove
			□Change
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Affective date, if other than to an effective date is listed, the date in Note: If the date inserted in this locument's effective date on the	nust be specific and cannot be block does not meet the	e prior to date of filing applicable statutory	or more than 90 days after fi	ling) Pursuant to 605 0207
record specifies a delayed effec	tive date, but not an effec	ctive time, at 12:01 a	.m. on the earlier of: (b)	The 90th day after the
l is filed.				
is filed.	2021			
ated May 30	,	ur authorized represent	ative of a member	