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COVER LETTER

suвјест: <u>500</u> 5	Shine Venture Name of Limit	2 Partners ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Jaleel	Name of Person	
	Surshine V	enture Parta	iers L.L.C
	950 Pace	Circle A	PT 118
	A popliar T Surshine V	City/State and Zip Code City/State and Zip Code Obe used for future annual report of	maile COM_
For further information co	ncerning this matter, please ca	dI:	
Jaleel Name of	VatSUA Person	at (407) 45 Area Code Days	7-4585 rime Telephone Number
Enclosed is a check for the	following amount:		/
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Muiling Address		Street Address	

Mailing Address:

TO:

Registration Section Division of Corporations

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

SUNS Name of the Limited Liability Compa (A Florida Limited Li	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_2\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(were filed on 05)17/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Sunshing Venture Hol The new name must be distinguishable and contain the words "Limited Liabiletics".	idinas LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	950 Paces Circle Apt 118 Apophia, FL 32703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Apt 118 Apopka, FL 32703
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	, Florida
	City Zin 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.

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an eff ote:	ive date, if other than the date of filing:
recor is fi	rd 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 led.
ated	October 31st 2022
	Signature of a member or authorized representative of a member
	Juguardie of a member of additionized representative of a member
	10/60/ /0/4/00

Filing Fee: \$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshing Limited Liability Compa (A Florida Limited I	eny as it now appears on our records.) Liability Company)	_,
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>05 17 202</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	idinas LLC	the abbreviation "L.L.C." CICCLE Apt 118 703
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	950 Paces Apt 118 A 32703	Circle Dooks to
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the</u>	
Name of New Registered Agent:		22.
New Registered Office Address:	Enter Florida street address	<u> </u>
	City . Florid	aZip Code
	2117	zap coue

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

	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
.—	
{If an effective on Note: If the	te, if other than the date of filing:
	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed.	
Dated Ot	±00er 31st. 2022.
_	Jacob Nature of a member or authorized representative of a member
	Jaleel Watson

Filing Fee: \$25.00