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COVER LETTER

Division of Corp	orations		
SUBJECT: AM	bient Suns Name of Limite	MME LLC d Liability Company	
The enclosed Articles of A	amendment and fee(s) are submi	tted for filing.	
Please return all correspon	dence concerning this matter to	the following:	
	_ shant	Nelson Name of Person	
	Ambient	Sunshine, L	LC_
	2841 Water	Horok Way	
	Tallahassee	2 FL 32312 City/State and Zip Code	
	ambientsun E-mail address: (16	Shinetarote	mail.com
For further information co.	neerning this matter, please call		
Shant No	Person	at (<u>305</u>) <u>804–3</u> Area Code Daytime T	6374 elephone Number
Enclosed is a cheek for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

Ambient Sunsk (Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $6/7/21$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· a
Enter new mailing address, if applicable:	P.O. Box 582	
Mailing address MAY BE A POST OFFICE BOX)	tallarassee, FL	<u> 32302 </u>
		· · · · · · · · · · · · · · · · · · ·
D. Himmonding also mentions at the second second		<u>.</u>
B. If amending the registered agent and/or registered office 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 Florida street address	
	, Florida	
	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
AMBR	Shanti Nelson	Colo West Flagler St, 9th	P. EAdd
		Miami, FL 33130	□Remove
			□Change
			
			🗆 Remove
			☐ ☐ Change
			□ Rémove
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n effective date is li te: If the date in	other than the date sted, the date must be spe serted in this block do e date on the Departn	ecific and cannot b ses not meet the	applicable statut	iling or more than 90 ory filing requiren	(optional) days after filing.) Penents, this date wi	arsuant to 605 020 Il not be listed as
ecord specifies a d s filed.	delayed effective date.	, but not an effec	ctive time, at 12:	01 a.m. on the earl	lier of: (b) The 9	0th day after the
ed <u>19th</u>	ot Augus	st, 20	021	$\overline{}$		

Filing Fee: \$25.00