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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
		
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COVER'LETTER

TO:

Registration Section

Tailahassee, FL 32314

Division of Cor	porations			
sunshine's h	ospitalitt service LLC			
SUBJECT:	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and feets) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter t	to the following:		
	carreama vincent			
		Name of Person		
	te de la constante de la const	. 110		
	sunshine's hospitality servi			
		Firm Company		
	7940 from beach road			
		Address		
	panama city beach			
		City/State and Zip Code		
	FL 32407			
	E-mail address: ()	to be used for future annual report noti-	fication)	
For further information c	oncerning this matter, please co	ali:		
carreama vincent		850 9805740		
Name o	f Person	at () Area Code Daytim	e Telephone Number	-
Enclosed is a check for the	ne 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 Fe Certificate of \$ Certified Copy (additional copy is	tatus &
Mailing Address		<u>Street Address:</u> Registration Se	ction	
Registration 9 Division of C		Division of Cor		
P.O. Box 632		The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Cor Florida document number 1.21000297558	mpany were filed on (96/28/2021)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.iC."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
Enter new mailing address, if applicable:		Y sodZ
Mailing address MAY BE A POST OFFICE BOX)		1
 If amending the registered agent and/or registered of 	office address on our records, enter t	he name of the new reg
gent and/or the new registered office address here:		,
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	City	Zıp Cock

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

Title	Name	Address	Type of Action
MGR	pamella reids	3907 west 22nd street panama city FL 32405	#Add
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			BRemove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutor occument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be li	05.020 sted (
record specifies a delayed effective date, but not an effective time, at 12:01 I is filed.	La.m. on the earlier of: (b) The 90th day at	ier th
ated 74/20/1023		
Signature of a member or authorized represe		
	The state of the s	

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Filing Fee: \$25.00