K21000349754

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUNSET E	MPIRE PROPERTIES LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAY DOMINGUEZ, E.A.		
		Name of Person	
	SMAART LLC		
		Firm/Company	
	8200 W 33RD AVE, STE #	8	
		Address	
	HIALEAH, FLORIDA 330	118	
		City/State and Zip Code	
	RAY@SMAARTBIZ.COM	to be used for future annual report no	vitication)
tive freshor information o	oncerning this matter, please of		on the same of the
RAY DOMINGUEZ, E.A	-	.m. 305 764 - 6179	
KAT 170,411140 0152,15.1	. .	at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration S	
Division of Corporations		Division of Co	
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810
Tallahassee, I	LL 34314	Z4 LJ IN, IVIOIII	oc succi, suite att

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET EMPIRE PROPERTIES LLC

(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 ____ and assigned Florida document number _ L21000349754 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	NEVES VANDERSON	115 FIELDCREST DR	
			= Add
		COCHRANVILLE, PA 19330	
			□Remove
		USA	
			□Change
			□Add
			Remove
			□Change
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L'etca	tive date, if other than the date of	08/03/2021 filing:		(optional)	
LITTICC	five date, if other than the date of flective date is listed, the date must be speciful. If the date inserted in this block does	fic and cannot be prio	or to date of filing or more	than 90 days after filing.) Pr	ursuant to 605.0207
(If an e				equirements, this date wi	ii not be tisted as
(If an el <u>Note:</u>	ment's effective date on the Departmen				
(If an el <u>Note:</u>					
(If an element of Note: docur	ment's effective date on the Departmen ord specifies a delayed effective date, by	nt not an effective (time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
(If an e <u>Note:</u> docur	ment's effective date on the Departmen ord specifies a delayed effective date, bu filed.		time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
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(If an edition of the Model) document of the record is f	ment's effective date on the Departmen ord specifies a delayed effective date, bu filed. AUGUST 25TH d	Pacle	time, at 12:01 a.m. on		Oth day after the

Filing Fee: \$25.00