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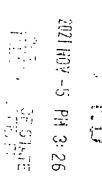
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A. BUTLER NOV 2 9 2021



TO:

Registration Section

Division of Cor	Porations NSHINE ESTATES, LLC.			
SUBJECT:		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:		
	JEANNIE GRAVERAN			
		Name of Person		
	L12 B7 SUNSHINE ESTA	TES, LLC.		
		Firm/Company		
	3450 WEST 84TH STREE	T SUFFE 201		
		Address		
	HIALEAH, FL 33018			
		City/State and Zip Code	_	
	RECEPTION@JHOMES.N			
	E-mail address: (to be used for future annual report n	otification)	
For further information c	oncerning this matter, please co	all:		
JEANNIE GRAVERAN		305 557-1253		
Name o	f Person	at () Area Code Dayı	ime 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 (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of State Certified Copy (additional conv is enc	

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

L12 B7 SUNSHINE ESTATES, LLC.

2621 MOV _5 PM 3: 26

(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 Co	ompany were filed on AUGUST 24, 2021	of STATE	
Florida document number <u>L21000378979</u>	—·	and appropriate	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the na	me 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 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	JEANNIE GAVERAN	3450 WEST 84TH STREET SUITE 201	= Add
		HIALEAH. FL 33018	□Remove
			□ Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. OCTOBER 19 member or authorized representative of a member JEANNIE GRAVERAN

Typed or printed name of signee