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(City/:	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

O: Registration Section Division of Corporations
SUBJECT: SUNShine Speen Hainpy Services  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ESI BYDWN Name of Person
SUNSHINE SPEACH THOUNDY SAYVICES ILC
2200 Johns MAKE Court
KISSIMMEE FL BAMSS City/State and Zip Code
in Fro @ Sunchines part that an ISETVICE. CON E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
SI BY DUN  Name of Person  at (812) 957-7361  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee  □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status  □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy  □ C
(additional copy is enclosed)

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

SUNSHINA ST	new mailing address, if applicable:		
		were filed on U	2/2/ and assigned
Florida document number <u>LZIDOOMM</u>	44.84		
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company her	<u>c</u> :
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applies	able:		<del></del>
(Principal office address MUST BE A STREE	T ADDRESS)		<del></del>
		<del> </del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		address on our rec	cords, enter the name of the new registered
Name of New Registered Agent:	EsiBr	D(1) ()	
New Registered Office Address:	2200	Jones Enter Florid	harp Mist
	KISSIMM	City	Florida 34758

## 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	<u>Name</u>	Address	Type of Action
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		<u>Kissimmee</u> Fr 34759	<b>≥</b> □ Remove
		2200 Johns Kare	
<u> MOR</u>	ESIBrown	Ct KISSIMMAR FL 34758	[]Xdd
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			□Add
			□Remove
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f an effective date i <b>Note:</b> If the date	if other than the date of is listed, the date must be spec e inserted in this block does etive date on the Departme	fic and cannot be prior not meet the application	to date of filing able statutory				
e record specifies rd is filed.	s a delayed effective date, h	ut not an effective ti	me, at 12:01 a	.m. on the earl	ier of: (b) Th	ne 90th day after	the
	( SANUALY 18						
	Signatur	e of a member or autho	orized representa	ntive of a memb	сг		
F-C	si Brown						
<u></u>	SI DIDWI	Typed or printe	ed name of sign	ec			

Filing Fee: \$25.00