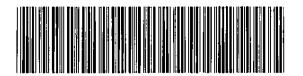


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. COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Anna Maltepes		
		Name of Person	
	Anna Maltepes LLC		
		Firm/Company	
	9175 Celeste dr unit 206		
		Address	
	Naples, FL 34113		
	anna.f.maltepes@gmail.cor	City/State and Zip Code	
	_	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Anna Maltepes		at () 267272282	2
Name o	f Person		ne Telephone Number
Enclosed is a check for th	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 Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anna Maltepes LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on Jan 03 2024	and assigned
lorida document number <u>L21000449075</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
iunshine206 LLC		
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office addr <u>ess MUST BE A STREET ADDRES</u>	<u> </u>	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u> . If amending the registered agent and/or registered office address here:	fice address on our records, <u>enter th</u>	2024 FEB 23 PM 4: the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tmer rioriaa street address	
	, Flor	
	Cîty	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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
		□Remove	
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	
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	<u>—</u>
	
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ective date, if other than the date of filing: (optional)	
n 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 stee: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	605.0207 listed as
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day is filed.	after the
ted 2/19/2024	
Signature of a member or authorized representative of a member	_
Signature of a member of authorized representative of a member	