



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000440477 3)))



H210004404773ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FILED  
2021 DEC -2 PM 12:34  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSHINE & TIME OFF LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC - 3 2021  
S. PRATHER

2021 DEC -2 PM 4:44

TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FILED  
2021 DEC -2 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUNSHINE & TIME OFF 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 11/15/2021 and assigned  
Florida document number L21000486781.

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)

1728 TIMOTHEE-KIMBER

CHAMBLY, QUEBEC, CANADA J3L 0P2

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1728 TIMOTHEE-KIMBER

CHAMBLY, QUEBEC, CANADA J3L 0P2

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	RAYMOND J. ZOMERFELD	355 ALHAMBRA CIRCLE STE 1100	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LOUIS-ALEXANDRE LEHOX	1728 TIMOTHEE-KIMBER	<input checked="" type="checkbox"/> Add
		CHAMBLY, QUEBEC, CANADA, J3L 0P2	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JULIE FRENETTE	1728 TIMOTHEE-KIMBER	<input checked="" type="checkbox"/> Add
		CHAMBLY, QUEBEC, CANADA, J3L 0P2	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GILLES LEHOX	3900 MARTINIQUE	<input checked="" type="checkbox"/> Add
		BROSSARD, QUEBEC, CANADA, J4Y 1K2	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HELENE BOULE	3900 MARTINIQUE	<input checked="" type="checkbox"/> Add
		BROSSARD, QUEBEC, CANADA, J4Y 1K2	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> 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.

Dated DECEMBER 1, 2021

  
Signature of a member of the public

RAYMOND J. ZOMERFELD  
Typed or printed name of signer

FILED  
2021 DEC -2 PM 12:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA