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(R	equestor's Name)
(A	ddress)
(A	ddress)
	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:





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ALLAHASSEE, FLORA SELICISIAN CONTRACTOR

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUNSHIP Realty, LLC Name of Limited Viability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
halherene Allen Name of Person
Tallahassee Management 3 Leasing Group, LL Firm/Company 1530 Metropolitan Blvd Sulk 108 Address
1530 metropolitan Blvd Sulk 108
Tallahassee, F2 32308 City/State and Zip Code KAllena 4 Rent Tallahassee. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katherine Alun at (850) 933-7886 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (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 \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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(Name of the Limited Liability Compan (A Florida Limited Li	was it now appears on our records.) TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company v Florida document number <u>L2 00050116</u> 0	were filed on 11 22 21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Sushine Realty of Tallaha The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Same
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	J p
New Registered Office Address:	Enter Florida street address
· 	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	ee 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>	Address	Type of Action
		<u></u>	□Add
			□Remove
			Change
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Effective date, if ot (If an effective date is list Note: It the date inso document's effective	ed, the date must be sp rted in this block d	ecific and cannot oes not meet t	he applicable st			iling.) Pursuant to 6	
he record specifies a do ord is filed.							fier the
Dated <u>-Och</u>	ber 20	<u> </u>	022				
Dated <u>-Octo</u> <u>Ka</u>	Therman	2 K	all all a	epresentative of a	member		
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Filing Fee: \$25.00