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A. BUTLER MAY 1 2 2022

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: SUBShipe Legacy Name of time	Services, LLC ited Liability Company
Twine of 13.11	ned maonity company
The enclosed Articles of Amendment and fee(s) are sub	mitted for filing.
Please return all correspondence concerning this matter	to the following:
Sai	Name of Person
Supenine	Legacy Services, LLC Prim/Company
47SI Lumini	OUS LOOP #411 HTS SILL Address
K155	City/State and Zip Code
3UNShine le	LACY 15 Q LANO, COM Le be used for future annual report notification)
For further information concerning this matter, please co	all:
Sarah L. Riley Name of Person	at (850) 293-1653 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address: Pagistration Section
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Mouary Florida document number L22000034308 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 the words "Limited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: ando______, Florida____

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 Shanging 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
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e record rd is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated_	4/25/2022 2022



RECEIVED

2022 MAY -3 PM 1: 05

SECRIPHINA SSEE FATE

April 12, 2022

SARAH RILEY 4751 LUMINOUS LOOP #411 KISSIMMEE, FL 34746

SUBJECT: SUNSHINE LEGACY SERVICES, LLC

Ref. Number: L22000034308

We have received your document for SUNSHINE LEGACY SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00008467

Anissa Butler Regulatory Specialist II

www.sunbiz.org