L22000113951

(Requestor's Name)
(Address)
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(1000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Γ
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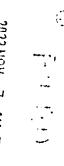
Office Use Only



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2023 NOV -7 AM 7: 55





COVER LETTER

TO:

CUO IEC				
SUBJECT	·	Name of Lim	ited Liability Company	
Surabine HILLC Subject: Name of Limited Liability Company				
Please rett	um all correspo	ondence concerning this matter	to the following:	
		Cesar Gomez		
			Name of Person	
		Cesar Gomez P.A.		
			Firm/Company	
	Division of Corporations Sunshine 1111 LLC			
			Address	g: Person Impany Isss I Zip Code Ture annual report notification) I 361-0105 Code Daytime Telephone Number It ing Fee & Certificate of Status & Certificat Copy (additional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	Sunshine 1111 LLC			
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		•		
		E-mail address: (to be used for future annual report not	fication)
For furthe	r informution c	oncerning this matter, please c	all:	
Cesar Go	mez			
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed i	is a check for t	he following amount:		
■ \$25.0	0 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_		_		
				•

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine 1111 LLC				
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on o imited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Con Florida document number 1.22000113951	mpany were filed on March 2	4, 2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designa	tion "LLC" or the abbrev	fation "L.L.C."	
Enter new principal offices address, if applicable:	·			
(Principal office address MUST BE A STREET ADDRE	<u></u>			
			0231	
Enter new mailing address, if applicable:		···	70	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	ls, <u>enter the name o</u>	the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
•••	City	, Florida	7in Cade	
No. D. Januari Annalis Claratora (Fabruaria Destatorad	•		ap Cian	
New Registered Agent's Signature, if changing Registered	 -			
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age.	nplete performance of my d	luties, and I am fam	iliar with and	

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>	Name	Address	Type of Action
MGR	Hector Falla	260 Crandon Blvd. Unit 25	
		Key Biscayne, Florida 33149	
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Change
			DAdd
			Remove
			Change
			П Ветиче
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			Change

		
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	(ontional)	
effectiv	date, if other than the date of filing:	n to 605.0
e: lftl	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not 's effective date on the Department of State's records.	be listed
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th d	lny after t
filed.		
a.d	October 31 . 2023.	
ed	7 5	
	J- Come Da.	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00