## L22000121418

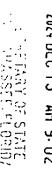
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Special Instructions to Filing Officer:				
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200 East Palmetto Park Road, Suite 103 Boca Raton, Florida 33432 Telephone: 561.910.3049 Facsimile: 954.525.4300

Michael R. Harris, Esq. harris@kolawyers.com (561) 910-3049 (direct dial) (561) 910-4205 (direct fax)

December 9, 2024

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: Miami Sun Care, LLC

Dear Sir or Madam:

Enclosed is a Cover Letter, Articles of Amendment for Miami Sun Care, LLC, changing the Manager to the Jokinen Family Irrevocable Trust, and a check for \$60.00 in payment of your filing, a Certificate of Status, and a Certified Copy.

If any additional information is needed, please contact me.

Very truly yours,

MICHAEL R. HARRIS

**Enclosures** 

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Boca Raton

## COVER LETTER

	istration Sec ision of Corp				
	Miami Sun (	Care LLC			
SUBJECT:Name of Limited Liability Company					
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Michael R. Harris			
			Name of Person		
		Kopelowitz Ostrow			
			Firm/Company	· <del>·····</del>	
		200 E. Palmetto Park Road	, Suite 103		
			Address		
		Boca Raton FL 33432			
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
		harris@kolawyers.com  E-mail address: (0	to be used for future annual report noti	ification)	
For further in	oformation co	oncerning this matter, please ca	all:		
Michael R. I	Harris		561 910-3049 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for the	e following amount:			
□ \$25.00 H	iling 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 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 810 Tallahassee, FL 32303

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

Miami Sun Care LLC		
(Name of the Limited Liability Con (A Florida Limite	nnany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	my were filed on 3/10/22	and assigned
Florida document number L22000121418		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" of	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 offic agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		1
	, Floric	1a Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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

it attenuing Authorized retson(s) additionized to manage, enter the title, name, and address of each person, being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jokinen Family Irrevocable Trust de	c/o Fred Schwartz, 200 E. Palmetto Park Road	□Add
		Boca Raton FL 33432	□Remove
			Change
			🗆 Add
			🗆 Remove
			Cl Change
		<del></del>	□Add
			□Remove
			□Change
		_	□Add
			□Remove
			Change
			DAdd
			□ Remove
			□ Change
<del></del>			□ Add
			□ Remove
			□ Change

FILED
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Filing Fee: \$25.00

Typed or printed name of signee

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