## 122000133531

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DIVISION OF CLAY DEAD A



## **COVER LETTER**

TO: Registration Sec Division of Corp			
	FERNUSA, L	1. C.	
SUBJECT: 1	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Dios	sdada Thibodeo	<u>u</u>
	I-Fe	rn USA, LLC	
	2141 Ma	in Street, Suite	. M.
		Address	
	Dunedir	7, -FL. 34698	1-5698
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (	Hampabay. TT. Co	ation)
For further information co	ncerning this matter, please ca	all:	
Diosdada	Thiboolean	at (727) 515 - Area Code Daytime	6987
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	:	Street Address:	

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

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

1-FERN USA, LL		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L22000133531</u> .	ny were filed on $\frac{3/17/2022}{a}$	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Sunshine West Group, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviat	tion "L.L.C."
Enter new principal offices address, if applicable:	2141 Main Street,	
(Principal office address MUST BE A STREET ADDRESS)	SuiteM	
	Dunedin, FL. US 34	698
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	"SAME AS ABOVE"	
printing marcon raria be ril 1001 011100 Bord		
B. If amending the registered agent and/or registered offic	e address on our records, enter the name of t	he new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:	E VAME - NO CHANGE	1 /S 1 / S
New Registered Office Address:		<u> </u>
· <del>-</del>	Enter Florida street address	
	, Florida	O
		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>	Address	Type of Action
MGR.	JOSEFINA FURLAND	0 8685 BAYMEADOWS RI	).
		APPT. 1036 Jacksonville, FC. 32256	WRemove
			Change
<del></del>			
			□Remove
			□Change
<del></del>			🗀 Add
			🗆 Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change

	N/A
•	
-	
ffect	ive date, if other than the date of filing: (optional) fective 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
an ef	fective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocun	ent's effective date on the Department of State's records.
recor	d 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
l is fi	
ated	
	Dy Ritorlea 10/21/2023
	Signature of a member or authorized representative of a member
	Diosdada Thibodeau (MGR) Typed or printed name of signee

Filing Fee: \$25.00