

h22 000 205 957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

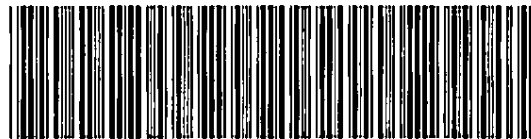
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Linda Ghalien gave
permission to correct
the company's name.

cf 7/12/2022

Office Use Only



500387879795

05/26/22--01015--005 **30.00

FILED
2022 MAY 26 PM 4:40
KILLBUCK, OH

cf 7/12/2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSHINE INSURANCE SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Ghallieh
Name of Person

Sunshine Insurance Solutions LLC
Firm/Company

18408 New London Ave #
Address

Land O Lakes, FL 34638
City/State and Zip Code

linda.g.tampa@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Ghallieh at (904) 248-0988
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing 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**

FILED

SUNSHINE INSURANCE SOLUTIONS LLC

2022 MAY 26 PM 4:40

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
MAY 26 2022
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5/2/2022 and assigned
Florida document number L22 000 205 957

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 contain the words "Limited Liability Company," the designation "LLC" 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:

Edwin E. Oyakhilome

New Registered Office Address:

18408 New London Ave

Enter Florida street address

Land O Lakes

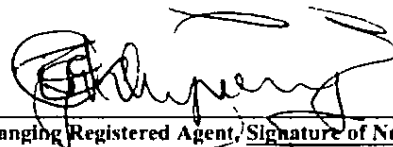
City

Florida 34638

Zip 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Edwin E Oyakhiome	_____	<input type="checkbox"/> Add
		18408 New London Ave	<input checked="" type="checkbox"/> Remove
		Land o Lakes, FL 34638	<input type="checkbox"/> Change
MGR	Linda Ghalieh	18408 New London Ave	<input checked="" type="checkbox"/> Add
		Land o Lakes, FL 34638	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Dated 5/23/2022 .

Imre Cheluh
Signature of a member

Signature of a member or authorized representative of a member

Linda Qhalieh
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00