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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	SUNSHINE ASSOCIATES I.	LC	
SUBJECT:	Name of Lim	nted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOHN A RAMIREZ CUA	ADROS	
		Name of Person	
	FLORIDA SUNSHINE A	SSOCIATES LLC	
	Corporations  DA SUNSHINE ASSOCIATES LLC  Name of Limited Fiability Company  stof Amendment and feers) are submitted for filing.  Spondence concerting this matter to the following:  JOHN A RAMBREZ CUADROS  Name of Person  FLORIDA SUNSHINE ASSOCIATES LLC  Firm Company  19380 COLLINS AVE APT 502  Address  SUNNY ISLES, FL 33160  City State and Zip Code  INFOg RENTAFLORIDA.COM  E-mail address, to be used for future annual report notification)  on concerning this matter, please call:  ACUADROS  at 1  Acc Code  Daytine Telephone Number  or the following amount:  Suppose the following amou		
	19380 COLLINS AVE.A	P1 502	
		Address	
	SUNNY ISLES, FL 3316	0	
		.COM	<del></del>
			cation)
For further information co	oncerning this matter, please c	all:	
JOHN A RAMIREZ CU			
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	•	Certified Copy	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632	Section orporations	Registration Sec	orations
Tallahassee, 1			Street, State 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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

This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability	<del> </del>			
A. If amending name, enter the new name of the limited liability	<del> </del>			
	"ompany," the designation "LLC" or the abbreviation "L.L.C."			
The new name must be distinguishable and contain the words "Limited Liability Co	• •			
Enter new principal offices address, if applicable:	990 NW 26TH ST			
(Principal office address MUST BE A STREET ADDRESS) M	HAMI, FL 33142			
_				
Enter new mailing address, if applicable: 39	3990 NW 26TH ST			
(Mailing address MAY BE A POST OFFICE BOX)	HAMI, FI. 33142			
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:  Name of New Registered Agent:	ress on our records, <u>enter the name of the new register</u>			
N. D. C. LONG. A. H.				
New Registered Office Address:	Emer Florida street address			
	. Florida			
	. Florida 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 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	<u>Address</u>	Type of Action
AMBR	ANDREA B PULGAR CAYAMA	8150 NW 53RD ST APT 107	<b>≣</b> ∧dd
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ective date, if other than the	date of filing:			(optional	)	
effective date is listed, the date muse:  If the date inserted in this bl	t be specific and canne	at be prior to date c	of filling or more tha	in 90 days after filin	g.) Pursiaint to 69	
ument's effective date on the D	partment of State's	records.				
cord specifies a delayed effective	e date, but not an ef	fective time lat l	L'ANT a in on the	enrlier of th) T	he 90th day afi	ter the
s filed.						
JUNE 23	202	22				
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/	Signature of a member		<u></u>			

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Filing Fee: \$25.00