

L22000229441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

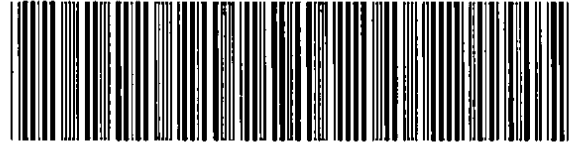
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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RECEIVED

2022 JUN -2 PM 1:33

Division of State  
TALLAHASSEE, FLORIDA

FILED

2022 JUN -2 AM 10:13

Division of State  
TALLAHASSEE, FL

cf 6/3/2022

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: 55.00

AUTHORIZATION SIGNATURE: James Fullin

<u>SUNSHINE JOURNEY TWO LLC</u>	<u>L22000229441</u>
BUSINESS ( Name)	Document #

Walk in

## Pick up time

Mail out

Will wait

Photocopy

**X Certified Copy of Articles**

## Certificate of Status

## NEW FILINGS

Profit

**Not for Profit**

### Limited Liability

## Domestication

Other

CORP

## OTHER FILINGS

Annual Report

Fictitious Name

APOSTIL ( ) \_\_\_\_\_

country

**MINER'S INITIALS:**

## AMMENDMENTS

X Amendment

Resignation of R.A. Officer/Director

## Change of Registered Agent

### Dissolution/Withdrawal

## Merger

## Conversion

## REGISTRATION/QUALIFICATIONS

## Foreign filing

\_\_\_\_ Limited Partnership

## Reinstatement

Other

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Sunshine Journey Two 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:

Jennifer Pepo

Name of Person

Firm/Company

2470 Stearns St #97

Address

Simi Valley, Ca 93063

City/State and Zip Code

jennpepo@gmail.com

E-mail Address (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Pepo

Name of Person

at 805 ; 416-4741

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

2022 JUN -2 AM 10:13

Sunshine Journey Two LLC

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

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 5-27-22 and assigned  
Florida document number L22000339441.

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)

1700 Chaps Place

Kissimmee, FL 34744

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:

New Registered Office Address:

Enter Florida street address

City, 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 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	Churchill Townhomes LLC	5051 Ringwood St	<input checked="" type="checkbox"/> Add
		Simi Valley, Ca 93063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Edward Rosenberg	2470 Stearns St #97	<input type="checkbox"/> Add
		Simi Valley, Ca 93063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jennifer Pepo	2470 Stearns St #97	<input type="checkbox"/> Add
		Simi Valley, Ca 93063	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<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)

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.

\_\_\_\_\_

Edward Rosenberg  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**