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Office Use Only



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COVER LETTER

TO:

	gistration Se vision of Cor			
SUBJECT:		BUSINESS DIVISION, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		VERONICA RIVERA		
			Name of Person	
			Firm/Company	
		3051 HARBOR VIEW LA	NE	
			Address	
		KISSIMMEE, FL 34746		
			City/State and Zip Code	
		veronicarivera23@gmail.co		t
For further i	nformation co	E-mail address: (oncerning this matter, please ca	to be used for future annual report no	tification)
VERONICA	A RIVERA		407 222 - 6520 at ()	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne 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)
	niling Address		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of	The Centre of Tallahassee	
Ta	Ilahassee, F	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SUNSHINE BUSINESS DIVISION, LLC

2022 AUG -8 PH 12: 08

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

[A Florida Limited Liability Company]

[A L AHAS: The Articles of Organization for this Limited Liability Company were filed on $\frac{05/31/2022}{1}$ and assigned Florida document number <u>L22000250720</u> 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: New Registered Office Address: Enter Florida street address ___, Florida <u>__</u>

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	VERONICA RIVERA	3051 HARBOR VIEW LANE	≣Add
		KISSIMMEE, FL 34746	□Remove
			☐ Change
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			□Add
			Remove
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	07/31/2022			
Effective date, if other than the fan effective date is listed, the date must	date of filing: t be specific and cannot be prior to date	optice of filing or more than 90 days after	onal) -filing.) Pursuant to 605	3.0207
	ock does not meet the applicable ${f s}$	statutory filing requirements, this	s date will not be list	ed as
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document's effective date on the De record specifies a delayed effective	e date, but not an effective time, at	t 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
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document's effective date on the De e record specifies a delayed effective rd is filed.		t 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
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