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COVER LETTER

TO: Registration Se Division of Cor		•	
CUDIECT.	Denwin 74 Name of Limit	159 LLC	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	France	2 Sathanana Name of Person	dan
	2	Name of Person	1- 1
	DEN	DIN Investment Firm/Company	ett Inc.
		r univeompany	
	4142 St	eighorn lare	- -
		Addicas	
	Weste	City/State and Zip Code	33/
	E-mail address: A	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	11:	
Arana	Sothanandan	at (251) . \$09	9462
Name o	f Person	at (251) - 509 Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S\alpha 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		Street Address:	ation
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	-	The Centre of	•

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Denwin +439 L		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed on 06/15/2022	and assigned
Florida document number <u>L22000273028</u> .	, ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
Sunshine Jack L	.C	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	previation "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)	· · · · · · · · · · · · · · · · · · ·	
D. If any adding the manifest and a sent and for manifest and affine and	dues on our records outon the name	o of the new posistenes
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	aress on our records, enter the name	e of the new registered
Name of New Registered Agent:		20
Nov. Designand Office Address		75 (3) Se (3)
New Registered Office Address:	Enter Florida street address	
	. Florida	ज ्रिह
	City	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:		= 34.
I hereby accept the appointment as registered agent and agree	to act in this capacity. I further agr	·
provisions of all statutes relative to the proper and complete p		

If Changing Registered Agent, Signature of New Registered Agent

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	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Factive date if other t	e date must be specifi	c and cannot be p	rior to date of filing o	r more than 90 days	after filing.) Pursuant	
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