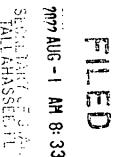
## L22 000313851

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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Sunshine Ste	ite of Mind Jervi	CO, LLC
SUBJECT:		ted Liability Company	
The analysis Amiologist	Amondamin and firstor are subs	ssirted for Elina	
	Amendment and fee(s) are subr	·	
Please return all correspo	ndence concerning this matter t	o the following:	
	Debou	Name of Person	,
	Junihine a	State of Mind Seri Firm/Company	i'cw, LLC
	3822 (N	vrtvuside hame	··
	Saraso	City/State and Zip Code	
	@ c	City/State and Zip Code	
	E-mail address: (to	Shine State of mmasses obe used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	ll:	
1) cho vak y	McDelmott	at ( <u>508)</u> 944-3 Area Code Daytime	776 Telephone Number
Tuine ()		. Het Gode 174yılını	receptione ( tunion
Enclosed is a check for th	e 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		Street Address:	at
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	<del>-</del>	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Sunihing State of 1	Munit Stry Ces. L.LC	2022 AUG -1 AM 8: 33
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	SECRETARY OF STAR TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000313951</u> .	y were filed on July 14, 20)	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		1.
<del></del>	, Flori	da Zip Code
New Registered Agent's Signature, if changing Registered Agent	<b>!:</b>	

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>	Address	Type of Action
AMBR	Deboral A. McDermott	3822 Countrydice Lane	ØAdd
		3822 Countrydial Lane Paraiota FL 34233	□Remove
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If an effective date is li Note: If the date in	other than the date o isted, the date must be spec ascrted in this block doe we date on the Departme	ific and cannot be prices not meet the appli	cable statutory filir	nore than 90 days aft	tional) er filing.) Pursua nis date will no	nt to 605.0207
document's effectiv		but not an effective	time, at 12:01 a.m.	on the earlier of: (	(b) The 90th (	day after the
	delayed effective date, I					
e record specifies a rd is filed.	delayed effective date, l	2022	<u> </u>			