122000321640

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
·	•	·
(Dro	cument Number)	
(,	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	or clates
Special Instructions to	Filing Officer:	
		İ
1		
V -CD-2		
<u> </u>		

Office Use Only



300392757603

SECRETARY OF STATE
SECRETARY OF STATE
OF CORPORATIONS

112 1



COVER LETTER

TO: Registration Sec Division of Corp			
SonShine T	ravels, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
	Tiffany L. Bolden		
		Name of Person	
	SonShine Travels, LLC	Name of Person Travels, LLC Firm/Company Imbia Ave Address th, FL 33467 City/State and Zip Code avels01@gmail.com E-mail address: (to be used for future annual report notification) s matter, please call: at (
		Firm/Company	
	6663 Columbia Ave		_
		Address	
	Lake Worth, FL 33467		
		•	
	sonshinetravels01@gmail.co		tientian)
Vor further information of	concerning this matter, please ca		,
Tiffany L. Bolden	one coming and manager process of		
	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		—
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre		<u>Street Address:</u> Registration Se	ection
Registration Division of 0	Section Corporations	Division of Co	rporations
P.O. Box 63	-	The Centre of	l'allahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SonShine Travels, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company))
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000321640</u> .	pany were filed on 07/20/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	I 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 ADDRES	<u></u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	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>	<u>Name</u>	Address	Type of Action
AMBR	David L.Bolden	6663 Columbia Ave	
		Lake Worth, FL 33467	□Remove
			□Change
			\ \ \ _Add
	•	<u></u>	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Remove
			□Add
			□Remove
			□ Change

							
							<u> </u>
<u>_</u>				·			 -
							
				<u>,,</u>			
				-			
	<u> </u>			-	.		<u> </u>
				<u> </u>			
	<u> </u>				<u> </u>		
		_					
							
							
Note: If the date it	other than the da isted, the date must be serted in this block we date on the Depa	: does not mee	t the applicabl	date of filing or mo e statutory filing	(op ore than 90 days aft requirements, t	tional) ler tiling.) Pursuam his date will not	1 10 605.020 be listed as
e record specifies a rd is filed.	delayed effective d	ate, but not an	effective time	e, at 12:01 a.m. c	on the earlier of:	(b) The 90th da	ay after the
Dated August 12			2022				
		7 7/-					

Filing Fee: \$25.00