# FILED

## Florida Department of State Division of Compositions Hedreng Eiling Cover State

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To:			
	Division of Co		.ક્ષ
	Fax Number	: (850)617-6383	<b>7</b> 5
From:			
	Account Name	: SORSHER & ASSOCIATES, LLC.	<u> </u>
	Account Number	: 120170000056	<i>?</i> ?≘
•	Phone	: (954)842-2931	000
	Fax Number	: (954)842-2936	EE, Si
			75
**Enter t	he email addres	s for this business entity to be used fo	r future
anni	ual report maili	ngs. Enter only one email address please	e. **
Ema	il Address:	<u> </u>	
			<del></del>

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ADMI FLORIDA SUN, L.L.C.

DEC 1 2 2022

	THE RESERVE TO SERVE THE PERSON NAMED IN
Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

#### COVER LETTER

	ision of C	orporations		£
SURJECT	ADMI F	LORIDA SUN, L.L.C.		
SODJECT.		Name of L	lmited Liability Company	
The enclosed	l Articles o	f Amendment and fee(s) are s	uhmitted for filing	
		condence concerning this matter		
		this mach	er to the following:	
		VIESTA SYNYTSKA		
			Name of Person	
		ADMI FLORIDA SUN,	L.L.C.	
			Firm/Company	
		5702 RODMAN ST		
		<del></del>	Address	
		HOLLYWOOD, FL 330:	23	
			City/State and Zip Code	
		ADMIFLORIDASUN@G		
For further in R	ormation c	oncerning this matter, please o	(to be used for future annual report no call:	ntication)
VIESTA SYN	YTSKA		786 779-1668	
	Name o	Person	at ()	ne Telephone Number
Enclosed is a ci	heck for th	e following amount:		
<b>■ \$25.00</b> Fili	ing 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)
	g Address		Street Address:	
•	tration S	ection Orporations	Registration Se	
	Box 6327		Division of Co The Centre of T	
Tallal	nassee, F	L 32314		e Street, Suite 810

Tallahassee, FL 32303

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

 $\approx$ 

ADMI FLORIDA SUN, L.L.C.				922 DE	77
(Name of the Lim	ited Liability Comp	any as it now appears or Liability Company)	our records.)	72-27	<b></b>
The Articles of Organization for this Limited I Florida document number L22000346834  This amendment is submitted to amend the fol A. If amending name, enter the new name of the control	Liability Company	were filed on <u>08/08/</u>		, 9 PAIO: 53	
The new name must be distinguishable and contain the		lity Company," the design	nation "LLC" or the	e abbreviation "L.I,	C."
Enter new principal offices address, if applications	cable:			<b>.</b>	
(Principal office address MUST BE A STREE	ET ADDRESS)	<del></del>			
Enter new mailing address, if applicable:		101 DIPLOMAT PA	ARKWAY, APT	1902	
(Mailing address MAY BE A POST OFFICE BOX)		HALLANDALE BE	ACH, FL 33009	· · ·	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a ss here:	ddress on our record	ds, enter the na	ame of the new t	<u>egistere</u> c
Name of New Registered Agent:	SYNYTSKA, VIESTA				
New Registered Office Address:	101 DIPLOMA	T PARKWAY, APT 19			
		Enter Florida str	eet address		
	HALLANDALI	E BEACH	, Florida _	33009	
		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 fumiliar 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.

Visata Synytaka
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

Title	Name	Address	Type of Action
AMBR	SYNYTSKA, VIESTA	101 DIPLOMAT PARKWAY, APT 1902	<b>=</b> Add
		HALLANDALE BEACH, FL 33009	□Remove
			□Change
AMBR	VOZRUD, ANTON	1315 MIAMI RD., STE C	🗆 Add
		FT. LAUDERDALE, FL 33316	
			EChange
AMBR	BAHATYRCHUK, OLEG	101 DIPLOMAT PARKWAY, APT 1902	□Add
		HALLANDALE BEACH, FL 33009	□Remove
<del></del>			🗆 Add
			□Remove
<del></del>			□Add
			□Remove
<u></u>			□Add
			□ Rсточе
			□Change

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		*******		
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			<del></del>	
Iffective date, if other than th	e date of filing:		Contly	1)
Effective date, if other than the fan effective date is listed, the date mu.	19t be specific and cannot be pr	ior to date of filing or me	ore than 90 days after filli	(1) 1g.) Pursuant to 605.0207 (3);
Note: If the date inserted in this blocument's effective date on the I	mook ages not meet ale app	oreacte atamienty minn	z requirements, this da	te will not be listed as the
record specifies a delayed effecti f is filed.	ve date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
	2022			
ated				
12/9	Viesta-Signature of a member or att			

Filing Fee: \$25.00