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Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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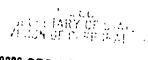
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Help

COVER LETTER

TO: Registration Division of C	Section Corporations		
ADM F	LORIDA SUN, L.L.C.		
SUBJECT:	Name of L	imited Liability Company	
The control Audiobas	.64		
	of Amendment and fee(s) are st		
Please return all corres	pondence concerning this man	er to the following:	
	SYNYTSKA, VIESTA		
		Name of Person	
	ADMI FLORIDA SUN,	L.L.C.	
		Finn/Company	
	101 DIPLOMAT PARK	WAY APT 1902	
		Address	· · · · · · · · · · · · · · · · · · ·
	HALLANDALE BEACH	I, FL 33009	
	City/State and Zip Code		
	ADMIFLORIDASUN@G	MAIL.COM (to be used for future annual report not	de la companya de la
For further information	concerning this matter, please of	•	niteation)
VIESTA SYNYTSKA	•		
	of Person	at ()	ne Telephone Number
, \d.,ic	or reison	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2022 DEC 13 AH 11: 27

ADMI FLORIDA SUN, L.L.C. (Name of the Limited Liability Co	mpany as it now appears on our reco	rdş.)
(A Florida Limi	ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 08/08/2022	and assigned
Florida document number L22000346834		
Tais amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	lability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- , , , , , , , , , , , , , , , , , , ,	
Principal office address MUST BE A STREET ADDRESS	7	
nter new mailing address, if applicable:		
Malling address MAY BE A POST OFFICE BOX)		
		7
3. If amending the registered agent and/or registered offi	ce address on our records, ente	r the name of the new registe
gent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	 -
New Registered Office Address:	Enter Florido street adáre	
-	, F	loridaZip Code
ew Registered Agent's Signature, if changing Registered Age	•	,
hereby accept the appointment as registered agent and a rovisions of all statutes relative to the proper and comple eccept the obligations of my position as registered agent a eing filed to merely reflect a change in the registered off company has been notified in writing of this change.	igree to act in this capacity. I fi etc performance of my duties, a is provided for in Chapter 605,	ind I am familiar with and F.S. Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	BAHATYRCHUK, OLEH	101 DIPLOMAT PARKWAY, APT 1902	
		HALLANDALE BEACH, FL 33009	□Remove
			≘ Change
			□Add
			□Change
			□Aċd
		N-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	□Remove
			□ Change
- -			□Add
			□Remove
			□Change
			□Añd
			TRemove
			□ Change
			□Add
			□ Remove
			□ Change

D. If amending any other inf	formation, enter change(s) here: (Attac	h additional sheets, if necessan	MOVERNY OF SH
		<u> </u>	
	-		 -
			
· · · · · · · · · · · · · · · · · · ·			
			
		· · ·	
Note: If the date inserted in th	the date of filing: must be specific and cannot be prior to date of fil is block does not meet the applicable statuto the Department of State's records.	(optional) ing or more than 90 days after filing.) Pu rry filing requirements, this date wil	rrsugnt to 605.0207 (3)(b) I not be listed as the
ne record specifies a delayed effo ord is filed.	ective date, but not an effective time, at 12:0	La.m. on the earlier of: (b) The 90	Oth day after the
Dated 12/13	2022		
<u></u>	Vissta Syruptaka Signature of a member or authorized representations	entative of a member	
SYNYTSKA, VIES	TA		
	Typed or printed name of si	znee	

Filing Fee: \$25.00