## L22000354161

(Requestor's Name)
(Address)
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations			
SUBJECT:	Our Ca Name of Lim	ommunity MissionLLC ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	<u> </u>	Jemail Miles Name of Person		
		Firm/Company		
		5714 Cherry Tree D. Address	<u>r</u>	2
		City/State and Zip Code		2024 JUL 1 1 AM
		1		
	E-mail address: (	oy Mali Miles Og Mail. COM to be used for future annual report not	fication)	
For further information c	oncerning this matter, please c	all:		: 19
Temall Miles Name of Person		at ( <u><b>856</b></u> ) <u><b>821-23</b> Area Code Daytin</u>	5/7 ne Telephone Number	
Enclosed is a check for the	ne following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Addres Registration S		Street Address: Registration Se	ction	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee, 1		The Centre of T 2415 N. Monro	ramanassee e Street, Suite 810	)

Tallahassee, FL 32303

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

OUR COMMUNITY MISSION LIC

The Articles of Organization for this Limited Liability Company were filed on <u>August 11</u> , Florida document number <u>L 22000354161</u> .	2022 and assigned
This amondment is submitted to amond the following:	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SUNSHINE COMMUNITY TRANSPORTATION 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 ADDRESS)	2074
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter tagent and/or the new registered office address here:	the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:  Enter Florida street address	s
Fle	orida
City	Zip Code

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 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
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ctive date, if other than the date of filing effective date is listed, the date must be specific and effective date inserted in this block does not m	cannot be prior to da eet the applicable	ate of filing or more the statutory filing req	an 90 days after fili airements, this da	ng.) Pursua ate will no	int to 605.0 of be listed
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d June 21 <sup>th</sup> .  Signature of a m	2024				
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