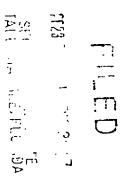
L22000474380

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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	Special Instructions to Filing Officer:



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COVER LETTER

SUNSHINE DIGITAL EMOTION LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SHIRLEY SILVA Name of Person TAX & ACCOUNTING SOLUTIONS FIRM, INC Firm/Company 10100 W SAMPLE ROAD #330 Address CORAL SPRINGS, FL 33065 City/State and Zip Code SHIRLEY@TAXACCOUNTINGSOLUTIONSFIRM.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SHIRLEY SILVA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE DIGITAL EMOTION LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000474380	were filed on 11/014/202	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	7723 FAI
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
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 name of the new register
Name of New Registered Agent: N/A		
New Registered Office Address:		
<u> </u>	Enter Florida street	address
		. Florida

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.

City

Zip Code

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	MILVA FAVILLI	425 SE 1ST STREET APT 1006		□Add
		POMPANO BEACH, FL 33060		□Remove
				□Adđ
				□Remove
				[]Change
			IAII S	Add
			- TO	_ □Remove_
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				[T]Chanaa

N/A	_	<u>.</u>			
				<u>.</u>	
		 			
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	01/16/2	023		•	
ective date, if other than n effective date is listed, the date	me date of fulng: must be specific and cannot be	prior to date of filing or s	(option ore than 90 days after)nal) :filing.) Purs	uant to 605.02
te: If the date inserted in thi	s block does not meet the ap	plicable statutory fili	ng requirements, this	s date will r	os be listed
cument's effective date on th	: Department of State's reco	ords.		•	23
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ecord specifies a delayed effe is filed. 01/16 ted	ctive date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) = The 90th	n-day after th
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