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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Div	ision of Corp	oorations			
SUBJECT:	SUNSHINE TRAVEL US LLC				
SUBJECT:		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	idence concerning this matter	to the following:		
		VESSELA BARZEVA			
			Name of Person	·	
		SUNSHINE TRAVEL US	LLC		
			Firm/Company		
		13425 WILCOX RD #520:	2		
			Address		
		LARGO, FL 33774			
			City/State and Zip Code		
		vessela@prospectle.com	to be used for future annual report n		
For further in	iformation co	ncerning this matter, please ca	•	ouncations	
VESSELA I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	224 600-1945		
Name of Person		at () Area Code Day	time Telephone Number		
Enclosed is a	check for the	e following amount:			
■ \$25.00 I		■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60,00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)	
Reg	iling Address gistration S	ection	<u>Street Address:</u> Registration S	Section	
Division of Corporations P.O. Box 6327		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 TRAVEL US LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/14/22}{12}$ and assigned Florida document number <u>L22000523174</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviations LL C N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Ġ, 302 S WE GO TRAIL Enter new mailing address, if applicable: MOUNT PROSPECT, IL 60056 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: N/A

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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

Enter Florida street address

,

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	IVAYLO BOGDANOV	302 S WE GO TRAIL	
		MOUNT PROSPECT, IL 60056	
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			□Add
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			[]Change
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Filing Fee: \$25.00

Typed or printed name of signee

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VESSELA BARZEVA Typed or printed name of signee	I VIDED DE BEDREED DAME OF KINDER	typed or printe	to name of signee

Filing Fee: \$25.00