L22000529049

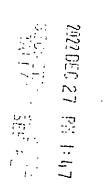
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☐ PICK-UP	☐ WAIT	MAIL		
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				•	
Sunshine P	laces, LLC				
SUBJECT: Name of Limited 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:			
	Gustavo A. Alvarez				
		Name of Person		-	
	Sunshine Places, LLC				
		Firm/Company			
	10655 Oak Bend Way			2022 13.0 1	
		Address		72.0	
	Wellington FL 33414				
		City/State and Zip Code		~	
	galvarezeng@gmail.com E-mail address: (to be used for future annual repo	rt notification)		
For further information of	concerning this matter, please o	all:		1,7	
Gustavo A. Alvarez		561 561-67	6-7823		
Name o	of Person		Paytime Telephone Number	T	
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie	ate of Status &	
Mailing Address		Street Addre Registratio			
Registration Section Division of Corporations		_	Corporations		
P.O. Box 6327			of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L22000529049	I 1 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		2027
(Principal office address MUST BE A STREET ADDRESS)		-1. Pl
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
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 nam	e of the new registered
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	Ciry	гір C <i>оае</i>

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.

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	Juliana Alvarez	10655 Oak Bend Way, Wellington FL 33414	∰Add
			□Remove
			□Change
			□Add
			2022
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			∏Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 1, 2023 E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the record is filed. December 21 2022 Dated Signature of a member or authorized representative of a member Gustavo A. Alvarez Typed or printed name of signee

Filing Fee: \$25.00