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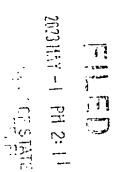
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Y. SCOTT JUN 17 2023

COVER LETTER

TO: * Registration Section Division of Corpora		
SUBJECT:	HEEASTERNSUN LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amer	endment and fee(s) are submitted for filing.	
Please return all corresponden	nce concerning this matter to the following:	
_	Julio Arizmendi Name of Person	
_	Firm/Company	
_	2048 Mercy Dr. Apt. 306	
_	Orlando, fl. 32808 City/State and Zip Code United & The eastern Sun. Website E-mail address: (to be used for future annual report notification)	1
	E-mail address: (to be used for future annual report notification)	
For further information concer		V.2.
Julio Ariz	zmendi at (407) 549 - 8692	
Name of Pers	son Area Code Daytime Telephone Number	
Enclosed is a check for the fol	llowing amount:	
□ \$25.00 Filing Fee	(\$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status	
Mailing Address: Registration Secti Division of Corpo P.O. Box 6327	_	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THEE ASTERNSUN LLC

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)
The Articles of Organization for this Limited Liability Company we Florida document number $\frac{L2300049/33}{}$.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
_ The Eastern Sun 1	LLC
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	111 North Drange Avenue Suite 800-#342
(Frincipal Office address MOST BE A STREET ADDRESS)	Orlando, fl. 32801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	111 North Orange Avenue Suite 800-#372 Orlando, fl. 32801
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name of the new registered
Name of New Registered Agent:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
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Effective date, if other than the date of filing:	(optional) <u> </u>	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than something. Note: If the date inserted in this block does not meet the applicable statutory filing requires.	90 days after filing.) Pur	suant to 605.0207 (3 Inot be listed as th
document's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	[***	-
rd is filed.		·
Dated 4/27/2023 4:00 P.M. Julio Airmordi Signature of a member or authorized representative of a men Tulio Arizmendi Typed or printed name of signee		
Signature of a member or authorized representative of a mem	nber	