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FALLAHASSEE, FLOD

RECEIVED

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Sunset Reign	LLC nited Liability Company	
	Name of Lim	nited 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:	
	Lo	ring Wilson Name of Person	
	-	Firm/Company	·
	2420 Hilla	ry Crest St. Apt	-301
	wesley cl	napel FL 3354 City/State and Zip Code	14
	Sunset reig E-mail address	n 2023@ yahoo to be used for future annual report not	ification)
	oncerning this matter, please c		
Lorina W	li bon f Person	at (<u>813</u>) 235 - 8 Area Code Daytin	8246
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Se	ection
Division of C	forporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

Sunset Reign Ll (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000067888</u>			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_ 	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			FILED 2023 HAY -5 PM 4:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the n</u>	name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
	Enter Flori	da street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>		

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>	Address	Type of Action
AMBR	Lorina Wilson	2420 Hillary crest st. Apt 301 water chapel Fi	X ØAdd
			□Remove
			🗆 Add
			□Remove
			□Change
			□Add
			Петюче
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			Change
			□Add
			□Remove

etive date, if other than the date of filing: (optional) 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 605.026 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be fisted ament's effective date on the Department of State's records. ord 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 filed. d 5 5 2023
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d 5/5/2023
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Signature of a member or authorized representative of a member
Signature of a member or authorized representative of a member
Lorina Wilson Typed or printed name of signee

Filing Fee: \$25.00