L23000073525

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





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12/11/23--01024--019 **25.00

2023 DEC | | PK | I2: 4.5 SECRETARY OF STATE

COVER LETTER

TO:

Registration Section

Division of Cor	porations	•	
. SELLSS	UNSHIINE, LLC		ì
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CAROLYN CLARK		
		Name of Person	
		Firm/Company	
	3120 LIVORNO LANE		
		Address	
	NAPLES, FL 34114		
		City/State and Zip Code	
	carolyn.clark@mac.com	to be used for fitture annual report not	Telination (
For further information of	concerning this matter, please c		incation)
CAROLYN CLARK		630 605-5586	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	
Tallahassee,			pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SELLSSUNSHINE, LLC		
(Name of the Limited Liability Comp (A Florida Limited	p <mark>any as it now appears on our rec</mark> I Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan	y were filed on02/09/2023	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
CAROLYN CLARK, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "l	(J.C" or the 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)		PILE IN PR
	-	STATE STATE
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>en</u>	ter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
	City	Zip Code

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:

or remove	ed from our records:
MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		 -	□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			Remove
			Change
			□Remove

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
•	
-	
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
f the recor	ed 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 led.
Dated	December 7, 203 Signature of a member or authorized representative of a member
	CAROLYN CLARK Typed or printed name of signee