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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: S	Un Shine I	ght LLC ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Per	12 Yene Same of Person	
	Sur	15 hinelight Firm/Company	LLC
	1662 SE	27th Dr Unit	100
	Homestea	d FI 33035 City/State and Zip Code	
	E-mail address: (0	91996 O amail to be used for future annual report notel	ication)
For further information co	oncerning this matter, please co	all:	
Perez Name o	Person	at (<u>305)</u> 910 - Area Code Daytime	5039 Telephone Number
Enclosed is a check for the	ne 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)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Con	npany as it now appears on our records.) ed Liability Company)	
(A Florida Limit	ed Liability Company)	
e Articles of Organization for this Limited Liability Compa	my were filed on $03/6/2023$ and assigne	
orida document number <u>L 23000 16438</u>	, d	
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited li	ability company here:	
new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abbreviation "L.L.C."	
ter new principal offices address, if applicable:		
incipal office address MUST BE <u>A STREET ADDRESS</u>)	22	
	P:	
	<u>ئ</u>	
iter new mailing address, if applicable:	22	
Tailing address MAY BE A POST OFFICE BOX)	-	
If amending the registered agent and/or registered offic	ce address on our records, <u>enter the name of the new re</u>	
ent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	
	City Zip Code	
w Registered Agent's Signature, if changing Registered Age	nt:	
hereby accept the appointment as registered agent and a	igree to act in this capacity. I further agree to comply vete performance of my duties, and I am familiar with a	

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, <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
AMBR	Perez, Irene	1662 SE 27th Dr 100 Homestead Fl 33035	D XAdd
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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			□Change

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Tective date, if other than the neffective date is listed, the date in	nust be specific and cannot be prior to date of filing or	(optional) more than 90 days after filing.) Pursuant to 605.02
<u>te:</u> If the date inserted in this cument's effective date on the	block does not meet the applicable statutory fil Department of State's records.	ling requirements, this date will not be listed
ecord specifies a delayed effectis filed.	tive date, but not an effective time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after th
ted	, 2023	
	Jane Pere	2/
	Signature of a member or authorized representati	Colaf a marphor