## L23000121390



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## **COVER LETTER**

	ition Section of Corporations	
Suns	set Retirement LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Arti	cles of Amendment and fee(s) are sub	mitted for filing.
Please return all co	оrrespondence concerning this matter	to the following:
	Natasha Jones	
		Name of Person
		Firm/Company
	2413 Main Street Suite 123	
	Miramar, FI 33025	Address
		City/State and Zip Code
	natashainsurance@yahoo.cc E-mail address: (1	om to be used for future annual report notification)
For further inform	nation concerning this matter, please ca	
Natasha Jones		754 2094144 at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:	
■ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Divisio P.O. Bo	ntion Section n of Corporations	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

Sunset Retirement LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/08/2023}{2}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Luxe Linen LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Natasha Jones Name of New Registered Agent: 24/13 Main Street Stilte 133

Enter Florida street address

Miramar Florida 330c

City Zip Code New Registered Office Address:

## 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 Yew 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>Name</u>	<u>Address</u>	Type of Action
Kathy Johnson	2195 Palm Avenue Suite 103	<b>=</b> Add
	Miramar, FL 33025	□Remove
		□Change
<del></del>		🗆 Add
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		Kathy Johnson 2195 Palm Avenue Suite 103

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Fective date, if other than the date of filing:  (optional)  In 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 diet. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a secument's effective date on the Department of State's records.  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 is filed.  Record Specifies and Delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the is filed.  Signature of a member or applicative depresentative of a member					
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ted     Signature of a member or authorized representative of a member					<u>-</u>
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Filing Fee: \$25.00