## L23000128140

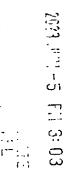
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

The second section is

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations					
Global Suns	shine Direct LLC				
SUBJECT:			- <del></del>		
	Name of Lim	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:			
	Christal M. Barry				
		Name of Person			
		Firm/Company			
	4754 SE Graham Drive				
	<del></del>	Address	··········		
	Stuart, FL 34997		<b>~</b> 5		
	globalsunshinedirect@gmai	City/State and Zip Code L.com			
	E-mail address: (	to be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please c	all:	<u></u>		
Christal M. Barry		561 723-0546			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the \$25.00 Filing Fee	the following amount:  \$\Boxed{\Boxesia} \$30.00 \text{ Filing Fee & Certificate of Status}	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy		
<u>Mailing Addres</u>	<u>18:</u>	Street Address:	(additional copy is enclosed)		
Registration Section		Registration Sec			
Division of Corporations		Division of Corp	porations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Sunshine Direct LLC		
(Name of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company)	ars on our records.)
the Articles of Organization for this Limited Liability Company were filed on March 13, 2023 orida document number 1.23000128140		
s amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability company l	<u>here</u> :
new name must be distinguishable and contain the	words "Limited Liability Company," the	·
ter new principal offices address, if appl	icable:	
incipal office address MUST BE A STRE		
		<u></u>
		- <del></del> -5
ter new mailing address, if applicable:	بن	
Mailing address MAY BE A POST OFFICE BOX)		,=, O
If amending the registered agent and/or ent and/or the new registered office address Name of New Registered Agent:		records, enter the name of the new regis
	4754 SE Graham Drive	
New Registered Office Address:	Enter Fl	lorida street address
	Stuart	. Florida <sup>34997</sup>
	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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christal M. Barry		□ Add
			□Remove
		4754 SE Graham Drive, Stuart, FL 34997	■ Change
			🗆 Add
			□Remove
			□ Change
			l □ ☑Remove
			⊕Change
			○
			□Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change

Signature of a member or authorized representative of a member

Typed or printed name of signee

Christal M. Barry