L23000137580

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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

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COVER LETTER

то:	Registration S Division of Co		•			•	•.	
CUBIT		ITY EXPERIENCE LLC						
SUBJE	CI:	Name of Lin	uited Liability Company					
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please r	eturn all corresp	ondence concerning this matter	to the following:					
		DAVID AMARO						
		· · · · · ·	Name of Person			_		
		SUN CITY EXPERIENCE	E LLC					
			Firm/Company			_		
		1750 NW 107 AVE APT	WN-200					
			Address			_		
		MIAMI,FL.33172						
		SUNCITYEXPERIENCE	City/State and Zip Code			SECF TAI	2023 AUS 24	ولاتتاءا
		E-mail address;	to be used for future annual	report notification	n)	[] \ [] \	9US	1 1
For furt	her information	concerning this matter, please c	all:			18.Y		
DAVID	AMARO		786 83	5-4568		SEE S		ersas E
	Name	of Person	Area Code	Daytime Telep	phone Numb	er Th	AM 11: 06	•
Enclose	d is a check for t	the following amount:						
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		Certifie	Filing For cate of Signal od Copy al copy is	tatus &	
	Mailing Addre Registration		<u>Street A</u> Registr	ddress: ation Section				
Division of Corporations			Division of Corporations The Centre of Tallahassee					
	P.O. Box 63. Tallahassee.			entre of Tallan L Monroe Stro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN CITY EXPERIENCE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company lorida document number <u>L23000137580</u>	were filed on 03/17/2023	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Inter new principal offices address, if applicable:	1750 NW 107 AVE APT WN-200	
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL, 33172	- S 23
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1750 NW 107 AVE APT WN-200 MIAMI, FL, 33172	23 JUG 24 AH PECRETARY OF
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the n	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	, Florida	
	Ciw	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 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>	<u>Address</u>	Type of Action
AMBR	THALIA LAFARGUE	1750 NW107TH AVE APT WN-200	□Add
		MIAMI, FL, 33172	■Remove
			Change
MGR	DAVID AMARO	1750 NW107TH AVE APT WN-200	
		MIAMI.FL. 33172	□Remove
			Change SECRU
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			□Change

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