## 123000185931

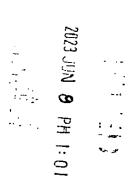
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## **COVER LETTER**

	on Section f'Corporations					
SUNS	CHINE FUENTES LLC					
SUBJECT:						
	Name of Lin	ited Liability Company				
			202			
The enclosed Articl	es of Amendment and fee(s) are sub	omitted for filing.	<u>အ</u> 			
Please return all con	respondence concerning this matter	to the following:	2023 JUN 8			
	TANIA FU	ENTES				
		Name of Person				
	SUNSCHINE FI	JENTES LLC	***************************************			
	Firm/Company					
		A. Ideose	<u> </u>			
	Address MIAMI FLORIDA-33012					
	7-11/11/11 T	ORDIT DOVID				
	City/State and Zip Code					
		2@gmail.com	( <del></del>			
	E-mail address: (	to be used for future annual report noti	fication)			
	tion concerning this matter, please of					
•	TANIA FUENTES	786 9915068				
Name of Person		at () Area Code Daytim	e Telephone Number			
Enclosed is a check	for the 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 A		Street Address:				
•	tion Section	Registration Section Division of Corporations				
P.O. Box	of Corporations c 6327	The Centre of 1	•			
	see, FL 32314		e Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSCHINE FUENTES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned L23000185931 Florida document number \_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNSHINE FUENTES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 6130 W 19TH AVE 103 MIAMI FL-33012 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ã SAME 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

City

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
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