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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (844)449-3624

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

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Ĭo:

Sunshine City SeaSpa LLC

## From: ZenBusiness User

## TO ARTICLES OF ORGANIZATION OF

ARTICLES OF AMENDMENT

2024 FEB 19 PH 4: 22

(Name of the Limited Liability Commany as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{64/21/2023}{2}$ Florida document number <u>1.23000197357</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The Experience: Bliss on the Bay LLC The new name most be distinguishable and crutain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 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:

	Civ	Ziqr Code
		Florida
New Registered Office Address:	Enter Florida street ado	tress
isane or new registered rigem.		
Name of New Registered Agent:		

## New Registered Agent's Signature, if changing Registered Agent:

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Dated						
Dated	/s: Kyees Graham					
Dated		gnature of a member	or authorized repre	sentitive of a mentle		