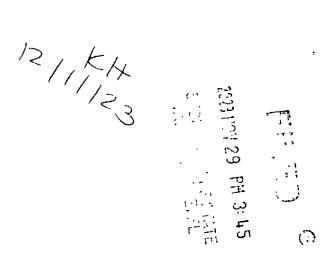


(Requestor's Name)
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(Business Entity Name)
(Document Number)
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COVER LETTER

Division of Cor	porations				
SUBJÉCT:	SUNSETS AN	ND SHORELINE	S LLC		
SUBJECT.	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:			
		HAILE PEGUES			
		Name of Person			
	c/o: Blu	edoor Design Gr	oup, Inc.		
		Firm/Company			
	500 Gulfstream Blvd., Suite 205				
	,				
	Delr	ay Beach, FL 33	483		
	hail	City/State and Zip Code	or com		
	haile@team-bluedoor.com E-mail address: (to be used for future annual report notification)				
For further information co	oncerning this matter, please ca	all:		2023 NOT 29	7
Locksley A	A. Rhoden, Esq.	at (<u>305</u>)	965 - 0635	15	• I
Name of	Person	Area Code	Daytime Telephone Number	29 P	. :
Enclosed is a check for th	e following amount:			TO THE STATE OF TH	أومد بها
□ \$25.00 Filing Fee	X \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed) Certified	ling Fee	0

TO:

Registration Section

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

SUNSE [*]	TS AND S	SHORELINES	LLC		
(Name of the Limited Li (A F	ability Compan orida Limited Li	y as it now appears on ou ability Company)	r records.)		
The Articles of Organization for this Limited Liability Florida document number		were filed on <u>Apr</u>	<u>il 24, 202:</u>	3 and assign	ed
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabil	ity company here:			
The new name must be distinguishable and contain the words	"Limited Liabilit	ty Company." the designati	on "LLC" or the	abbreviation "L.L.C	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enter new principal offices address, if applicable:		235 N.E. 4th Ave, Suite 101			
(Principal office address MUST BE A STREET A	Delray Beach, Florida 33483				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	235 N.E. 4th Ave, Suite 101 Delray Beach, Florida 33483				
B. If amending the registered agent and/or registagent and/or the new registered office address he	tered office ac ere:	ddress on our records	, enter the na		egistered
Name of New Registered Agent:	Haile	Pegues		. 29	
New Registered Office Address:	235 1	N.E. 4th Ave, S		13:0 W	
	Delr	ay Beach	, Florida	33489	
		City		Zip Code	
No. Designation of Asserting Designations if shanging Designation	tored Agent				

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	Jean Roark	10700 Hunters Valley Road	□Add
		Vienna, Virginia 22181	X Remove
			Change
MGR	Bluedoor Enterprises LLC	1209 Orange Street	X i Add
		Wilmington, DE, 19801	🗆 Remove
			Change
			□Add
			□Remove
			Ghange
			□Adal
			Remove .
			Change
			🗆 🗖 🗖 dd
			□Remove
			Change
	ALCO .		□Add
		**	
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional shee	ts, if necessary	v. <i>)</i>	
			<u>.</u>
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			ر ا - وسه -
Effective date, if other than the date of filing:	(optional)	29	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing requirer	days after tiling.) Pursuant to $\widetilde{\theta} \overline{0}$	5.0207 (3)
document's effective date on the Department of State's records.			ي تـ
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear cord is filed.	lier of: (b) Th	e 90th day afte	er the
Dated 13th November 2023			
Signature of a member or authorized representative of a member	oer	******	
Haile Pegues			
Typed or printed name of signee			

Filing Fee: \$25.00