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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:Sus	ie Sunshir	ited Liability Company	roup, LC
	Name of Lim	ited Liability Company	
The enclosed Articles of An	nendment and fee(c) are cub	mitted for filing	
		_	
Please return all correspond	ence concerning this matter	to the following:	
	5	Name of Person	
	Dusie	Sunshines W Firm/Company	avel Group
	<u>3707 r</u>	2005Sy Oxx Cir	7
	Land	O Cakes F C 36 City/State and Zip Code	4639
	E-mail address: (to be used by viture annual report noti	ise planners com
For further information con	cerning this matter, please c	all.	3
Sisco His	0.425	au(030 + 134 -	3248 5
Name of P	20	at (<u>[630_)</u> <u>134 -</u> Arca Code Daytim	e Telephone Number
Enclosed is a check for the	•		<u></u>
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	□ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se	ction	<u>Street Address:</u> Registration Se	ction
Division of Cor		Division of Cor	porations
P.O. Box 6327	20214	The Centre of T	
Tallahassee, FL	. 34314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Susie Sunshiner	Travel (a Gloup
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Company	were filed on <u>wc</u>	und assigned and assigned
Florida document number 92-395(027407)	EIN	
Florida document number 92-395(6274 or 6		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	enation "LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		22
(Principal office address MUST BE A STREET ADDRESS)	3707 9	70554 D.K. (:1
	Land O	(cxes) FL 34639
		, ::
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this cap	

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
AmiBR	Susca Higgors_	3707 moss., Oak Cir	i3/idd
		Land Dicks, FL 34639	C □Remove
			□Change
AMBR	John-Hisgins	3707 massy Oak Cir	
		Land O Wee, FC 34639	☐ Remove
		· · · · · · · · · · · · · · · · · · ·	ੁੰ Change
			
	•	·	Remove
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effective date is te: If the date	inserted in this block	e specific and cannot be	oplicable statutory	or more than 90 days af	itional) fer filing.) Pursuant to 605.02 his date will not be listed
cord specifies a s filed,	i delayed effective d	ate, but not an effecti	ve time, at 12:01 a	i.m. on the earlier of:	(b) The 90th day after th
	ne 5	202	23		
ied <u>Su</u>	Suran				