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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of C			
Sunshine SUBJECT:	Time Productions LLC		
30BJFA.1:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	pondence concerning this matter		
	Amy Xaychaleune		<u> </u>
		Name of Person	
	Sunshine Time Production	is LLC	
		Firm/Company	
	10751 Wharton Ct.		-1
	-	Address	
	Orlando, FL 32821		
		City/State and Zip Code	
	amyxviolin@gmail.com		
	E-mail address:	to be used for future annual report notific	ation)
For further information	n concerning this matter, please o	eall:	ation) . A
Amy Xaychalcune		321 900-9587	
Nam	e of Person	at ()	Telephone Number
Enclosed is a check fo	r 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 Add Registratio		Street Address: Registration Sect	ion
-	Corporations	Division of Corpo	
P.O. Box 6		The Centre of Ta	
Tallahassee	e. FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

CT ***

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Time Productions		
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Compar	pears on our records,) ny)
The Articles of Organization for this Limited I	.iability Company were filed on	5/24/23 and assigned
Florida document number L23000255491	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	y here:
,		and the second s
The new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		17 10
(Mailing address MAY BE A POST OFFICE	<u></u>	1.5
B. If amending the registered agent and/or agent and/or the new registered office addresses	Ç.	or records, enter the name of the new registered
Name of New Registered Agent:	Amy Xaychaleune	
New Registered Office Address:	10751 Wharton Ct.	
new registered vittle Address.	Enter	Florida street address
	Orlando	, Florida ³²⁸²¹
	City	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 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
			□Add
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			□Remove
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	<u> </u>	
		<u>-</u>
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than South of the date inserted in this block does not meet the applicable statutory filing require document's effective date on the Department of State's records.	(optional) 00 days after filing.) Purs ements, this date will r	suant to 605.0207 not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl is filed.	urlier of: (b) The 90th	
June 2 2023		2023 (8.11 -
Dated		==
		,Ĺ
Signature of a member of authorized representative of a mem	nber	<u></u>
Amy Xaychaleune		

Filing Fee: \$25.00