123000257127

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COVER LETTER

TO:	Registration Se Division of Corp			
SUBJI	ест:	oitishops Bitho	urs LL C	
The en	closed Articles of A	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Miz	Pobinson Name of Person	
		Barshot	Firm/Company	
		33 SAW	Fish 4 Address	
		Missi Missylvage E-mail address:	City/State and Zip Code Shesuny (to be used for future annual report pour	Shesunny LLC & TAShniz-Hinds Bu
For fur	ther information co	oncerning this matter, please of		
	Name of	Person	at (40+) 55Z 7. Area Code Daytim	2006 e Telephone Number
Enclos	ed is a check for th	e following amount:		
7 21 \$ 2	5.00 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 Address	·	Street Address	

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

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2024 00	-2	P# 12:	13

BACShobs BARbe		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number 423000257127		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile She Sunny LC The new name must be distinguishable and contain the words "Limited Liability".	-	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	63 SAWFISH CT	34209
(Principal office address MUST BE A STREET ADDRESS)	ACISSIMITIES FC	5-1751
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of	the new registered
Name of New Registered Agent:	Dypan Robinson	
New Registered Office Address: 53 S.	H MFiSh L+ Enter Florida street address	
<u> </u>	City Florida	54759 Tip 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
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ffective date, if other an effective date is listed, t	the date must be spe-	cific and cannot be pri-	or to date of filing or more the	(optional) han 90 days after filing	,.) Pursuant to 605.020
ote: If the date inserted because it is a consistent of the date o	d in this block doe e on the Departme	es not meet the applient of State's record	icable statutory filing red is.	quirements, this date	will not be listed a
record specifies a delay is filed.	ed effective date.	but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b) T	he 90th day after the
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