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COVER LETTER

	stration Sec sion of Corp				
SHRIFCT	FLORIDA S	UNSHINE REALTY			
JOBOLCI		Name of Lim	ited Liability Company		
The enclosed	Articles of A	amendment and fee(s) are sub	mitted for filing.		
		dence concerning this matter	_		
		John Mead			
			Name of Person		
			Firm/Company		
		241 Linstew Dr.			
			Address		
		Fort Walton Beach, FL 32			
		john@meadlawandtitle.com	City/State and Zip Code		
		E-mail address: (to be used for future annual re	port notification)	
For further inf	formation co	ncerning this matter, please ca	all:		
		Davisa	at ()	Daytime Telephone Number	
	Name of	rerson	Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 Fil	ling Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat sed) Certified	e of Status &
	ing Address		Street Add		2021 SEC
Registration Section Division of Corporations				ion Section of Corporations	لمان المانيات مناه الماحرات
P.O. Box 6327				re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SUNSHINE REALTY

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number _____L23000259653 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FL Sunshine Realty, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida ___

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 camply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar 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.

City

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 _____ □Change □Remove 262 □Changer: □Ædd TO Rephove

☐ Change

T amending any 0	nei miormauon, en	ner change(s) here	e: (Attach additional	sheets, if necessar	y. <i>)</i>	
						
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Note: If the date inse	her than the date of ed, the date must be specif erted in this block does date on the Departmen	not meet the applica	to date of filing or more thable statutory filing req	(optional) an 90 days after filing uirements, this date	.) Pursuant to 605. will not be liste	0207 (i d as th
e record specifies a de	layed effective date, bu	ut not an effective tir	пе, at 12:01 a.m. on th	e earlier of: (b) Th		the
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