## 123000262720

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## **COVER LETTER**

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Registration Section

TO:

Divi	ision of Cor	porations				
	Tampa Sun	shine REI LLC				
SUBJECT:		Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub	_			
Please return	all correspo	indence concerning this matter	to the following:			
		Malcolm Finlayson				
			Name of Person		•	
		Tampa Sunshine REI LLC	•			
			Firm/Company		•	
		14201 Petrovitsky Rd, Sui	te A3262		_	9f 23
			Address		·	
		Renton, WA, 98058			: :	-4 50
		salto.grande.investments@g	City/State and Zip Code gmail.com			•
		E-mail address: (	to be used for future annual report not	itication)		
For further in	formation c	oncerning this matter, please co	all:			دی
Malcolm Fin	layson		425 919-7171 at ( )			
	Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a	check for th	ne following amount:				
□ \$25.00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Statu	
Reg Div P.O	ling Addres gistration S ision of C . Box 632 lahassee, I	Section orporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 8	10	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Sunsnine REI LLC	Company as it now appears on our records.)	
(A Florida I.	imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L23000262720</u>	ompany were filed on May 30th, 2023 and assig	3ned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
	150	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "L.L.	.c."
Enter new principal offices address, if applicable:		
• •	700	
( <u>Principal office address MUST BE A STREET ADDRE</u>	:33)	
Enter new mailing address, if applicable:	c:	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new	regi
Nome of Nam Deviatored Amort.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address Florida	

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
AMBR	Hellebore Holdings LLC	30 N Gould St, SUITE R	□Add
		Sheridan, WY, 82801	■Remove
			Change
			□Remove
			Ĉ\change
			.: □Add
			ن. نن □Remove
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	be specific and cannot be prior to date of file ck does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 605.02 ory filing requirements, this date will not be listed
cord specifies a delayed effective s filed.	date, but not an effective time, at 12:0	I a.m. on the earlier of: (b) The 90th day after the
ed October 23rd	2023	
	Malcolm Finlayso	n

Filing Fee: \$25.00