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(F	Requestor's Name)
(<i>p</i>	Address)
(A	Address)
(0	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
	Occument Number)
,-	escament Hambery
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:

Office Use Only



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03/13/21/

COVER LETTER

TO: Registration Se Division of Cor		•	٠
SUBJECT:	Mirely SON	ONZOLEZ, LLC lted Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mirelys	Gonzalez Name of Person	
	<u> </u>	SONTA LEZ, LLC Firm/Company	
	6425 COV	WRen Road PZOH	<u>.</u>
	Miamil	City/State and Zip Code	1
	Myelys Lemail address: (2800 amail.co	incation)
For further information c	oncerning this matter, please c	ail:	2)
Mirelyo Go	DUZDIEZ	at (<u>786</u>) <u>359</u> Area Code Daytin	- 1014 ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration 5		Street Address: Registration Se	ction
Division of C		Division of Con	
P.O. Box 632		The Centre of T	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Sam (Name of the Limited Liability Con	Realty LLC npany as it now appears on our reco ed Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compa		_
Florida document number <u>L23000300627</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same	
(Principal office address MUST BE A STREET ADDRESS)		
	57144	
Enter new mailing address, if applicable:	SSME	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent: 5041	<u>e</u> e	
New Registered Office Address: Sew	Enter Florida street addr	
	L	florida
	, r	Zip Code
New Registered Agent's Signature, if changing Registered Ager	nt:	

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u></u>	
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change

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dective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable nument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted May 2 . 2024.	
	d representative of a member
Signature of a member or authorize	d representative of a member

Filing Fee: \$25.00