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SUNSET SOLUTION EXPERTS L.L.C.

TYPE OF FILING: AMENDMENT

COST:

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COVER LETTER

O: Registration Section Division of Corporations	
UBJECT: SUNSET SOLUTION EXPERTS L.L.C. Name of Limited Liability Company	
the enclosed Articles of Amendment and fee(s) are submitted for filing.	
MIGDALIA ARIAS Name of Person	
SUNSET SOLUTION EXPERTS LL.C. Firm/Company	
10300 SW 72 St SUITE 360 Address	
City/State and Zip Code Migdaan as & Jahoo, com. Germail address: (to be used for future annual report notification)	
OF-mail address: (to be used for future annual report notification) or further information concerning this matter, please call:	
MIGDALIA ARIAS at (786) 7759596 Name of Person Area Code Daytime Telephone Number	
inclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee & □	itus &
Mailing Address: Project Address: Project Address: Project Address:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

SUNSET SOLUTION EXPERTS

(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on our bility Company)	recorus.)	
The Articles of Organization for this Limited Lia Florida document number <u>L2300030</u>		ere filed on JUNE	17, 2023 a	nd assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabili	y company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation	n "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applica	ible:	, <u></u>		2003
(Principal office address MUST BE A STREET	(ADDRESS)		<u> </u>	
				.3
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE E	BOX)			<u></u>
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our records,	enter the name of t	he new registere
Name of New Registered Agent:	MIG	DAUA AR	IAS	
New Registered Office Address:	10300	SW 72 S Enter Florida street	T SUITE	360
	<u> </u>	City FL	, Florida 33 Zip	173 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
AHBA LIL	LILIANA ARIAS	10300 SW 72 " ST 144M1, FL 33173	# 360 □Add
			Remove
			□ Change
		 	□Add
		 	□ Remove
<u> </u>			□Add
		·	□ Remove
			Change
			□Add
			□ Remove
			Change
			□ Add
			□Remove
			□ Change
		·	□Add
			□Remove
			□ Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
	
	
an effective lote: If the	ate, if other than the date of filing:
l is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	tuguest 23, 2023.
-	Signature of a member or authorized representative of a member
	Typed or printed name of signee
-	Typed or printed name of signee