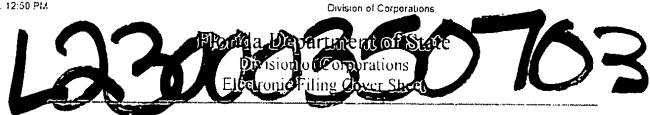
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM, COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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	DEPARTMENT OF STATE DIVISION OF CORPORATION TALLANASSEE, FLORIDA
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NSET LIFE & HEALTH INSURANCE ENTERPRISES ELC

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Certified Copy	1
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Registration Section

TO:

· COVER LETTER

Div	ision of Corr	oorations		
: SUBJECT:	SUNSET LI	FE & HEALTH INSURANCE	E ENTERPRISES LLC	
30031.01.		Name of Limi	ted Liability Company	
The enclosed	I Anicles of A	Amendment and fee(s) are subr	nitted for filing.	
			•	
		Cheyenne Moseley		
		Name of Limited Liability Company mendment and fee(s) are submitted for filling. mence concerning this matter to the following: Cheyenne Moseley Name of Person Legalzoom.com. Inc. Firm/Company 101 N Brand Blvd 1 Ith F1 Address Glendale, CA 91203 City/State and Z:p Code reneliasevilla@gmail.com E-mail address: (to be used for future annual report notification) terning this matter, please call: at (
		Legalzoom.com. Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	
		Glendale, CA 91203		
		reneliasevilla@gmail.com	City/State and Z:p Code	
		E-mail address: (I	o be used for future annual report notif	ication)
For further is	nformation co	oncerning this matter, please ca	ill:	
Cheyenne M	foseley			
	Name of	f Person	Area Code Daytin	e Telephone Number
Enclosed is	a check for th	ne following amount:		
S25.00 }	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET LIFE & HEALTH INSURANCE EN		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records,) miled Liability Company)	
The Articles of Organization for this Limited Liability Cor	npany were filed on 07/25/2023	and assigned
Florida document number L23000350703		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Sunsot Insurance Enterprises LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		283
B. If amending the registered agent and/or registe	red office address on our records, enter	the name=of the n
registered agent and/or the new registered office addre		,
		: :
Name of New Registered Agent:		-5 (
		<u>.</u>
New Registered Office Address:	Enter Florida street adaress	2
		• .
	, Florida	
	City	Zip 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:

13236068205

MGR = Manager AMBR = Authorized Member

To.

<u>Title</u>	Name	Address	Type of Action
AMBR	Renelia Sevilla		☐ Add
			© Remove
		6095 Caladium Rd. Delray Beach, Fiz 33484	■ Change
			□ Add
			Remove
			Change
****		 	Add
			☐ Remove
		····	☐ Change
			□ Add
		·····	☐ Remove
			Change
			
			☐ Remove
			Change
		·	
			Remove
			Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,)
	
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Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of The 90th day after the record is filed.	on the earlier of
Dated 07/28/2023	
Signature of a member or authorized representative of a member	
Renelia Sevilla	

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Filing Fee: \$25.00