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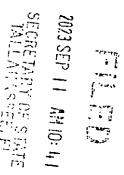
(Req	uestor's Name)	<u> </u>
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Special Instructions to Fi	iling Officer:	

Office Use Only



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## **COVER LETTER**

	stration Sect ion of Corpo			
	SONSHINE I	LIVING LLC		
SUBJECT: _		Name of Lim	ited Liability Company	_
The enclosed a	Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspond	dence concerning this matter	to the following:	
		Amelia Son		
			Name of Person	_
Firm/Company  1942 Anchorage Place  Address  Fernandia Beach, FL 32034			_	
			City/State and Zip Code	<u> </u>
		amelia.m.son@gmail.com	Chyrolaic and Zip Code	10 <b>2</b>
			to be used for future annual report notification)	2023 SEP SECREIA
For further inf	ormation con	cerning this matter, please co	all:	
Amelia Son			478 9601317 at ( )	
	Name of P	Person	Area Code Daytime Telephone Num	her. To
Enclosed is a c	check for the	following amount:		· · · ·
12 \$25,00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, feate of Status & fed Copy mal copy is enclosed)
Regi	ing Address: istration Se		Street Address: Registration Section Division of Corporations	
	sion of Cor Box 6327	rporations	Division of Corporations The Centre of Tallahassee	
Talla	ahassee, FL	. 32314	2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SONSHINE LIVING LLC					
(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 v Florida document number $\frac{L23000390410}{L23000390410}$ .	were filed on 08/18/2023 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the abbreviated "L.L.C."				
Enter new principal offices address, if applicable:	SE				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)	[1]				
3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our records, <u>enter the name of the new regis</u>				
New Registered Office Address:	Extens Elimite annua e Liberta				

## 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.

Cin

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
MGR	Jacquelyn Underwood	922 East Saddle Mountain Road	©Add
		Phoenix AZ, 85086	Remove
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			□Add
			Remove
			□ Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	date of filing:	applicable statutor	ng or more than 90 days	optional) after filing.) Pursuant to , this date will not be	605,0207 listed as
	date, but not an effe	ctive time, at 12:01	a.m. on the earlier o	f: (b) The 90th day :	after the
ecord specifies a delayed effective is filed.					