L23000419758

(Requestor's Name)
(Iveduestors Ivallie)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



400436740984

09/20/24--01010--018 **25.00

TALLAHASSEE, FLORIDA

1 SEP 20 AH 8: !

COVER LETTER

	gistration Se vision of Cor				
CIVI ID CO		amily Transport LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		Vanessa Williams			
			Name of Person	.	
		Sunshine Family Transpor	t LLC		
		<u></u>	Firm/Company		
		20 S Rose Ave suite #4			
			Address		
		Kissimmee, FL 34741			
			City/State and Zip Code		
		sunshinefamilytransport@g			
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report nall:	otification)	
Vanessa W	illiams		407 799-7269 at ()		
Name of Person			ime Telephone Number		
Enclosed is	a check for th	ne 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 Address: Registration Section		Street Address: Registration Section			
Division of Corporations			Division of Corporations		
	O. Box 632 allahassee, l		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Sunshine Family Transport LLC		2024 SEP 20 AM 8: 55
(Name of the Limited Liability Comp (A Florida Limited	oany as it now appears on our records.) I Liability Company)	TÄLLÄHÄSSEE, FLORIDA
The Articles of Organization for this Limited Liability Compan	y were filed on September 8, 2024	and assigned
Florida document number L23000419758		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	A (' '	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		4
Enter new mailing address, if applicable:	NV	1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter th	e name of the new registered
Name of New Registered Agent:	NA	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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 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
AMBR	Amelia Cover		□ A dd
		1884 Cayman Cove Circle St Cloud Florida 34772	Decemove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			□Change

Denise Thomas	<u></u>		<u>. </u>			
Petro Mattis Williams	3					
			·	<u>. </u>		
	· <u></u>	····				
						<u></u>
			·			
					TALL	
				<u></u>	Ξ	H
					35.5	<u>3</u> _[
					mc Fi	圣 ;
				···	03.7	8: 55
		<u></u>			9	
		<u>,</u>				
ctive date, if other the	an the date of fili	ng: September I	5, 2024	(opti	ional)	
: If the date inserted in	this block does not	meet the applica	o date of filing or m ble statutory filing	ore than 90 days afte g requirements, th	r filing.) Pursuan is date will not	t to 605.02 be listed
iment's effective date on	the Department of	State's records.				
ord specifies a delayed e	ffective date, but no	ot an effective tin	ne, at 12:01 a.m. o	on the earlier of: (1	o) The 90th da	av after th
filed.	ı				,	., a.u
September 8		2024				
u /		,	··· ·			

Typed or printed name of signee