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Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

	ame Correction and update of 1	physical address				
Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Andres Rivas					
	Name of Person					
	Innovvations by Sunset LLC					
	Firm/Company					
	AMERICA WAY 1003					
		Address				
	KISSIMME, FL 34746					
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
	innovationsbysunset@gmai					
	E-mail address: (to be used for future annual report no	lification)			
For further information c	oncerning this matter, please c	all:				
Andres Rivas		689 299-1855				
Name o	f Person	at () Area Code Daytii	ne Telephone Number			
Enclosed is a check for the	ne following amount:					
\$25.00 Filing Fee	S30,00 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 S		Street Address; Registration S	ection			
Division of Corporations		Division of Corporations				

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INNOVVATIONS BY SUNSET LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our recor- liability Company)	<u>as.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 12/04/2023	and assigned
lorida document number L23000536705		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
NNOVATIONS BY SUNSET LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
inter new principal offices address, if applicable:	10550 72nd St.	
Principal office address MUST BE A STREET ADDRESS)	Ste #503	
	Largo, FL 33777	(E)
nter new mailing address, if applicable:		:
Mailing address MAY BE A POST OFFICE BOX)		7
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		·: ·
If amending the registered agent and/or registered office	address on our records, enter	r the name of the new regist
gent and/or the new registered office address here:	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
New Acgistered Office Address.	Enter Florida street addre	·ss
		lorida
	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:

MCD	B.C.		
MCK =	Manager		
AMBR =	= Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			☐Change

Typed or printed name of signee