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WILLANASSEE, FITE

COVER LETTER

TO:	Registration Division of C			
SUBJE	ст:	Benacquisto Su Name of Lim	Inshine Realty L	LC
The end	losed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please r	return all corres	pondence concerning this matter	to the following:	
			a Benacquisto Name of Person	
		Benacquist	o sunshine realty Firm/Company	uc
		312 Coppe	rstone Cir,	
		<u>Casselb</u>	City/State and Zip Code	······································
		ha. benacqu E-mail address: (istu Egmail. com to be used for future annual report notifica	tion)
For furt	her information	concerning this matter, please co	all:	
	Ha B Name	ena cquisto of Person	at (<u>561</u>) <u>373 61</u> Area Code Daytime Te	3 elephone Number
Enclose	d is a check for	the 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 Addr Registration		Street Address: Registration Section	
	CIAI2IOH OI	COLPOIATIONS	Division of Corpor	IAUOIIS

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability	Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Cor Florida document number <u>L24 0000 355</u>	mpany were filed on 01/18/2024 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite	ed liability company here:			
Benacquisto Sunshine The new name must be distinguishable and contain the words "Limite	A Liability Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>			
Enter new mailing address, if applicable:	SEP - 9			
(Mailing address MAY BE A POST OFFICE BOX)	SSC. 79 11 12 12 12 12 12 12 12 12 12 12 12 12			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City Zip Code			

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>	<u>Address</u>	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
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(If an eff	ive date, if other than the date of filing:
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	September 3 rd . 2024. Signature of a member or authorized representative of a member
	hat
	Signature of a member or authorized representative of a member