L24000047720

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
`	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



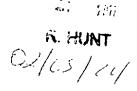
900415617309

02/05/24--01007--014 **25.00

15.8 W S-1 (C.E.) -5 W 9:51

ALL AHASSEE STOR

RECEIVED



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALARC SUNSHINE LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on 01/26/2024 and a	ssigned
Florida document number L24000047720	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab		L.L.C."
Enter new principal offices address, if applicable:	(†) -4 ₁	
Principal office address MUST BE A STREET ADDRESS)	· ·	
	Section 1	
	SC B	pp-144 (
inter new mailing address, if applicable:	E ST	· Layre
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or registered orgistered orgistered agent and/or the new registered office address her	office address on our records, <u>enter the name</u>	of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	*. , Florida	
	City Zin 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	LISA WALSH	701 S OLIVE AVE UNIT 1915	
		WEST PALM BEACH, FL 33401	■ Remove
			Change
AMBR	ARTHUR BACKAL	701 S OLIVE AVE UNIT 1915	■ Add
		WEST PALM BEACH, FL 33401	Remove
			Change
			Add
			Remove
			F A Dradd
			□ Remove
		Change	
			🖸 Add
		 	Remove
			Change
			Add
			Remove
			□ Change

						
						
			_ .			
						
		-		<u>-</u>		
			_			
				g an.	1 1	
				; - :	نيب ا دان :	
	1-			Signal Control		
			_	<u></u>		
				۳	n 	
						-
fective date, if other than the effective date is listed, the date in	ne date of filing: _ nust be specific and can	not be prior to d	a.e of filing or more	option (option) than 90 days after fil	al) ing.) Pursu	ant to 605.0
te: If the date inserted in this cument's effective date on the	block does not meet	the applicable	statutory filing r	equirements, this d	ate will n	ot be listed
culture of the time of the	rzepartinent or State	s records.				
record specifies a delay The 90th day after the re	ed effective date	≥, but not a	n effective tim	ne, at 12:01 a.r	n. on th	ne earlier
ted February						
	/s/ ARTHUR					
	Signature of a many	har ar antharias	d representative of	a member		
	Signature of a mem	oci di aumonze	e representative or	u memori		