L240000 64637

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	_	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2024 FEB 29 PM 2: 17 SECRETARY OF STATE

COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Divis	sion of Cor	porations					
CHRICOT	SUNSTA	TE PRO SERVICES LLC					
SUBJECT: _		Name of Lim	nited Liability Company				
The enclosed .	Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return a	all correspo	ndence concerning this matter	to the following:				
		Marco Antonio Braz Arap	ian				
			Name of Person				
		Sunstate Pro Services LLC	:				
			Firm/Company				
		102 Knollcrest Dr.				20	
		-	Address			ECF ECF	•
		Longwood - FL 32779			; [] ; ; [2024 FEB 29 PM 2: 17- SECRETABLY OF STATE	•
			City/State and Zip Code		7		
		sunstateproservices@gmail				公司 圣	
			to be used for future annual	report notification)	,	2: 1 3: 12: 3: 12: 1	
For further int	formation c	oncerning this matter, please c	all:			177	
Marco Antoni	io Braz Ara	pian	562 35 at ()	0-4478			
	Name o	f Person	Area Code	Daytime Telepho	one Number	_	
Enclosed is a	check for th	e following amount:					
□ \$25.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Certificate of Certified Co (additional cop	of Status &	
	ing Addres		Street Ac				
_	istration S ision of C	orporations		ation Section n of Corporatio	ns		
	Box 632			ntre of Tallahas			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

SUNSTATE PRO SERVICES LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company were filed onlorida document numberL24000064637	02/05/2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2021 FI
	Ţ.	 FLI
	i Z	2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		SE OF TO
		- A
. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	cords, <u>enter the nar</u>	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
Fater Flori	ida street address	
1,5147 1 1071		
City	, Florida	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>	Address	Type of Action
MGR	MARCO ARAPIAN	102 Knollcrest Dr., Longwood - FL 32779	= Add
			□Remove
			□Change
AP	VANESSA SPRAGUE	102 Knollcrest Dr., Longwood - FL 32779	□Add
			■Remove
			🗆 Change
			SECRE WAY OF ST
			□ □ Add □ Remove
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ective	date, if other than the da	te of filing:		(optional)	
<u>ite:</u> If t	ve date is listed, the date must be the date inserted in this block	does not meet the	applicable statutor			
cument	's effective date on the Depa	rtment of State's re	ecords.			
	pecifies a delayed effective d	ate, but not an effec	ctive time, at 12:01	a.m. on the earlier of	of: (b) The 90	th day after th
is filed.						
ted	February 24	2024		. /	<i>/</i> ·	
		w/			_	
		1/2/2	1/2/1/			
	Si	mature of a member of	of authorized represe	ptative of a member		

Filing Fee: \$25.00