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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	legistration Se Division of Cor			
SUBJECT		E PROPERTY MAINTENANG	CE LLC	
SUBJECT	' · <u></u>	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please rett	ırn all correspo	ndence concerning this matter	to the following:	
		MIGUEL BENAVIDES		
			Name of Person	
		<u> </u>	Firm/Company	
		1715 CYNMAR DR		
			Address	
		WEST PALM BEACH, FI	L 33409	
			City/State and Zip Code	
		MIGUELBENAVIDES 18@		
For further	r information c	e-mail address: (oncerning this matter, please c	to be used for future annual report notif all:	ication)
	BENAVIDES		561 309-8935	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$ 25.00) Filing Fee	□ \$30.00 Fiting Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	failing Addres Legistration S		<u>Street Address:</u> Registration Sec	rtion
	Division of C		Division of Corp	
P	.O. Box 632	7	The Centre of T	allahassee
Т	'allahassee, I	-L 32314	2415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE PROPERTY MAINTENANCE LI		
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Cor	mpany were filed on 02/12/2024	and assigned
Florida document number L24000076458		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
SUNSCAPE PROPERTY MAINTENANCE LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		r~ 3
Principal office address MUST BE A STREET ADDRE	(SS)	: :
The party of the analysis of the best of t		
		,
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		!
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new reg
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		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 renioved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		
			□Remove
			Change
			□Add
			□Remove
			□ Change
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If an effect <u>Note:</u> If	e date, if other than the date of filing:
e record rd is file	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 d.
Dated _	September 23rd 2024
	Signature of a member or authorized representative of a member
	Minual Renautides