L 24000108875

(Requestor's Name)
(August)
(Address)
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(Business Entity Name)
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Registration Section

Tallahassee, FL 32314

TO:

Division of Corporations			
, H&M GOC SUBJECT:	DDS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	HORACIO II CORDOBA		
		Name of Person	
		Finn/Company	
	9666 SW 24 ST	,,	
		Address	· · · · · · · · · · · · · · · · · · ·
	MIAMI, FL 33165		
		City/State and Zip Code	
	HORACIOHCORDOBA@		
		to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	all:	
HORACIO H CORDOB	Α	786 399-0452	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	-

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H&M GOODS, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/02/2024}{1}$ and assigned Florida document number L24000108875 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNSHINE HOSTING MANAGEMENT, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cirv

, Florida _

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
			□ ∧dd
			□Remove
			Change
			□Add
		 	□Remove
		□Cha	
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			Change
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			□Remove
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	·

F ffo	ctive date, if other than the date of filing:
If an o Note	ctive date, if other than the date of filing:
	ord 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 filed.
Date	d <u>APRIL 24</u> . <u>2024</u>
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00