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(Requestor's Name)	
(Address)	60043
(City/State/Zip/Phone #)	08/95/24-
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: Sunset Hill	Partners LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	· ·	
Please return all correspondence	ondence concerning this matter	to the following:	
	Richard F Genge		
		Name of Person	
	Sunset Hill Partners LLC		
		Firm/Company	
	12675 S Dixie Hwy, Unit 1	73	2024 AUS -5
		Address	
	Pinecrest, FL 33156		200 PH
		City/State and Zip Code	بن چائے
	r.genge@sunsethillpartners	.com to be used for future annual report no	illionium) Tim Ci
For further information of	concerning this matter, please c	·	(Treation)
Richard F Genge		954 612-8710	
Name c	of Person		ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	S30.00 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:	ontion.
Registration (Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

appears on our records.)
on and assigned
nv here:
"the designation "L.L.C" or the abbreviation "L.L.C."
SECRE STALL
100 L
77 -0
West Co
our records, enter the name of the new register
· 171
er Florida street address
, Florida

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.

Cuy

Zip Code

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
AMBR	Richard F Genge	12675 S Dixie Hwy	□ Add
		Unit 173	
		Pinecrest, FL 33156	
AMBR	Maria G Genge	1520 Tagus Avenue	
		Coral Gables, FL 33156	
			□Change
		□ Change	
			Remove
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te: If the date inserted in this	ne date of filing:	e or more and the days.	optional) after filing.) Pursuant to 605. , this date will not be liste	020 :da
cord specifies a delayed effect s filed.	ive date, but not an effective time, a	at 12:01 a.m. on the earlier of	f: (b) The 90th day after	the
ed July 29	. 2024			
ed July 29	Signature of a member or authorized	representative of a member		