



(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP TIAW MAIL (Business Entity Name) (Document Number) Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_ Special Instructions to Filing Officer:

Office Use Only

## **COVER LETTER**

TO: Registration Section Division of Corporation			
subject: <u>Suns</u>	una Design + Name of Limite	TOMES LLC ed Liability Company	·
The enclosed Articles of Art	nendment and fee(s) are subm	sitted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Shar	MON O TOO	1c Weeks
	Sunshine	Design Ho	mes, L.L.C.
	2502 B	rinled Drive	<u> </u>
		Y ) Florida City/State and Zip Code	
	Sunshine desic E-mail address: (to	Inhomes @ am be used for future annual re	vail. Com port notification)
	cerning this matter, please cal		
Shannon O To Name of Pe	ole Weeks erson	at (727)	480 - 6285  Daytime Telephone Number
Enclosed is a check for the f	following amount:		/
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	ity Company as it now appears on our re a Limited Liability Company)	cords.)
	,	
The Articles of Organization for this Limited Liability C	Company were filed on <u>APCL</u> 2	29, 2024 and assigned
Florida document number <u>L240001719</u> C	13.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	<u> </u>
		7021 HAY
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	<u> </u>
		m <sub>o</sub> 3 ∪
		: 2 <b>8</b>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>er</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ddress
		, Florida
	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 removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	Shannon O'Toole Weeks	2502 Brinley Drive, Trinity, FL 34655	<u>- ·</u> ⊠Add
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If an effec Note: 11	e date, if other than the date of filing:
e record rd is filed	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 _	April 29th 2024.
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Sharron O'Toole WCCKS Typed or printed name of signee