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COVER LETTER

ro: Registration Sec Division of Corp			
SUBJECT:	ON SAIL HOL	DINGS LLC	
	Name e: Limite	a Liability Company	
The enclosed Articles of A	mendment and fee(s) are submi	itted for filing.	
Please return all correspon	dence concerning this matter to		
	MICHA	EL JULIAN Name of Person	
		Name of Person	
	SUN SA.	IL HOLDINGS L	<u>LC</u>
		t time company	
	105 C	ARLSON CV	
	EDGEL	PATER FL 321	32
	mike-	City/State and Zip Code Julia: Shotma be used for future annual report notific	il. com
			auon,
	oncerning this matter, please cal	at (7/3) 560 Area Code Daytime	7339
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & 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)
			- ,

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

SUN SAIL HOLDINGS (Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L24000230579</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Corr	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	2024
	24 .
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N
(Mailing and ess MAT BE AT OST OTTTEE BON)	
	
B. If amending the registered agent and/or registered office addres	is on our records, enter the name of the new registered
agent and/or the new registered office address here:)7
Name of New Registered Agent:	
	
New Registered Office Address:	Enter Florida street address
	, Florida
	ity Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
tion response to the same and t	the state of the s

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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
MGR	MICHAEL JULIAN	105 CARLSON (V EDGEWATER, FL SUISD	tt/Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
			🗖 Add
		□Remove	
			Change
			🗆 Add
			🗆 Remove
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Note:	fective date, if other than the date of filing: [Coptional] [Coption
e recor rd is fi	rd 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.
Dated	Signature of a member of a hithorized representative of a member
	Signature of a memory of appropries
	100 /h 101 /1/100/

Filing Fee: \$25.00