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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJEC	SUNSHINE	AQUA ARTISANS LLC		
SODJEN	uli	Name of Limi	ted Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter t	o the following:	
		ARMELIO PENA SANCH	EZ	
			Name of Person	
			Firm/Company	
		7230 SW 391H ST		
			Address	
		MIAMI FL 33155		
		ARISDANIELBIKE1997@	City/State and Zip Code GMAIL.COM o be used for future annual report no	attheution)
For furth	her information co	n-mail address: (to oncerning this matter, please ca		Ancauon)
	JO PENA SANC	-	786 805-7307	
	Name of	Person	at () Area Code Dayti	ime Telephone Number
Enclose	d is a check for th	se following amount:		
≘ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address	<u>s:</u>	Street Address:	Santi sa

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

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

SUNSHINE AQUA ARTISANS L			
(Name of the Limi	ted Liability Compa (A Florida Limited)	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L. Torida document number 1.24000235935	iability Company	were filed on 05/21/2024	and assigned
his amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liab	ility company here:	
ne new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7230 SW 39TH ST	
Principal office address MUST BE A STREI	ET ADDRESS)	MIAMI FL 33155	~
	7	: : : : : : : : : : : : : : : : : : :	
nter new mailing address, if applicable:		·	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		<u> </u>
			<i>'A</i> <i>'</i> 1
If amending the registered agent and/or igent and/or the new registered office addre		address on our records, <u>c</u>	enter the name of the new regist
		NA SANCHEZ	
Name of New Registered Agent:	ARMELIO PENA SANCHEZ		
New Registered Office Address:	7230 SW 39TI		
		Enter Florida street	
	MIAMI	<u></u>	Florida <u>33155</u>
		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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ARIS DANIEL PENA GONZALEZ	7230 SW 39TH ST	□ Add
		MIAMI FL 33155	□Remove
			□ Add
			□Remove
			□Change
			□Add
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fective date, if other the neffective date is listed, the ote: If the date inserted incument's effective date of the other date of the ot	date must be specific ar n this block does not	id cannot be prior to meet the applicabl	date of filing or more to the statutory filing re-	(optional) han 90 days after filing.) quirements, this date	Pursuant to 605.020 will not be listed a
ecord specifies a delayed is filed.	effective date, but no	ot an effective time	e, at 12:01 a.m. on the	ne earlier of: (b) The	e 90th day after the
JULY 7		. 2024			
ted					

Filing Fee: \$25.00