**Florida Department of State**
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000240038 3)))

H2400002400383ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
    Division of Corporations
    Fax Number       : (850)617-6383

From:
    Account Name     : LAZARUS CORPORATE FILING SERVICE, INC.
    Account Number   : I20000000019
    Phone            : (305)552-5973
    Fax Number       : (305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

    Email Address:_____

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
### SUNSETS DEVELOPMENT LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $25.00 |

Electronic Filing Menu    Corporate Filing Menu    Help

*RECEIVED 2024 JUL 15 PH 4:42 DEPARTMENT OF STATE DIVISION OF CORPORATIONS TALLAHASSEE FLORIDA*

*FILED 2024 JUL 15 AM 10:54 SECRETARY OF STATE*

T. LEMIEUX

JUL 16 2024

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

SUNSETS DEVELOPMENT 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 June 26, 2024 and assigned Florida document number L24000288420 .

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

_____

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)*

2024 JUL 15 AM 10: 54
FILED

**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*

_____, 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 Changing Registered Agent, Signature of New Registered Agent**

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> | <u>Type of Action</u> |
|---|---|---|---|
| MGR | SOLTANIAN, ANITA | 1900 BAYVIEW AVE #221 | ☒ Add |
| | | TORONTO, ON M4G 0A6 | ☐ Remove |
| | | | ☐ Change |
| MGR | DANESHVAR, SARAH | 260 LAWRENCE AVE E | ☒ Add |
| | | NORTH YORK, ON M4N 1T4 | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Change |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

**E. Effective date, if other than the date of filing:** _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 12 , 2024

_____
Signature of a member or authorized representative of a member

SHAHNAZ HOSSEIN GHOLIZADEH
Typed or printed name of signee

Filing Fee: $25.00