

## L24 000 463 340

(	Requestor's Name)
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## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: Sun	shine Ma	anagement	Partenre	s Group, LIC
	Name	of Limited Liability Company		
The enclosed Articles of Ame	endment and fee(s) a	re submitted for filing.		
Please return all corresponde	nce concerning this r	natter to the following:		
	Dongyan	Me Cook Name of Person		
	Sunshine	Management Firm/Company	parten	rs Group, LLC
	2838	Co Rd 523	, Unit	Do>
		d, FL 347 City/State and Zip C		
_	donna ma	CCOOK O YO	nual report notification)	<u> </u>
For further information conce	erning this matter, ple	ease call:		
Donna McC Name of Per	son	at (352) Area Code	Daytime Telepho	94 one Number
Enclosed is a check for the fo	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee Certificate of State		y	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	orations	Reg Divi The	et Address: istration Section ision of Corporation Centre of Tallahas 5 N. Monroe Stree	ssee
	<del>-</del> -		ahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Management partenrs Group 110

(Name of the Limited L (A F	iability Company as it now ap lorida Limited Liability Compa	pears on our records.) ny)	<del>,</del>
The Articles of Organization for this Limited Liabil	ity Company were filed on	11/06/2024	and assigned
Florida document number <u>L 2 4000 463</u> -	340.		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability compan	y here:	
Sunshine Management The new name must be distinguishable and contain the words	Accounting &	Consulting	Group LLC
		are designation 1550 of the	2024
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	<u>DDRESS)</u>	\ \frac{1}{2}	NO TO
			F
		, v	TO THE PERSON NAMED IN COLUMN 1
Enter new mailing address, if applicable:		ָ ני	TS S
(Mailing address MAY BE A POST OFFICE BOX	Q	L.	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on ource:	ır records, <u>enter the na</u>	me of the new registered
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 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
	<del></del>		
			Remove
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ffecti	ve date, if other than the date of filing: (optional)
an effe	ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
ocum	ent's effective date on the Department of State's records.
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
l is file	ed.
	Nov. 6 2024
ated _	
ated _	
Pated <sub>-</sub>	doggen mclook
Pated <sub>-</sub>	Louyan McCook  Signature of a member or authorized representative of a member  Dong yan McCook  Typed or printed name of signer