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Division of Corporations

Fax Number

: (850)617-6380

Erom:

Account Name : SOSME ACCOUNTING & TAX SERVICES LLC

Account Number : I20200000102 Phone

: (954)998-1035

Fax Number

: (954)573-1480

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

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN THE SUN COMES OUT FOR EVERYONE, GOD BLESSED, CORP

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Help

7/7/2021 2:56:34 PM PAGE 1/001 Fax Server

p.3



July 7, 2021

#### FLORIDA DEPARTMENT OF STATE

THE SUN COMES OUT FOR EVERYONE, GOD BLESSED, CORP 510 NE 61 ST CT FORT LAUDERDALE, FL 33334US

SUBJECT: THE SUN COMES OUT FOR EVERYONE, GOD BLESSED, CORP

REF: P21000044094

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The last 2 pages are that of a Non-Profit Corporation. Please see our website for the Profit Corporation form in its entirety.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

FAX Aud. #: H21000259647 Letter Number: 821A00015471

## **COYER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORAT	THE SUN COMES OUT FOR EVERYONE. GOD BLESSED, CORP  ION:
DOCUMENT NUMBER	P21000044094
The enclosed Articles of A	mendment and fee are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
DILMA YANETH MONE	OU ORELLANA
	(Name of Contact Person)
THE SUN COMES OUT	FOR EVERYONE,GOD BLESSED,CORP
	(Firm/ Company)
510 NE 61 ST CT	
	(Address)
FORT LAUDERDALE FI	. 33334
	(City/ State and Zip Code)
DILMAMONROY98@GN	1AIL.COM
	e-mail address: (to be used for future annual report notification)
For further information con	cerning this matter, please call:
DILMA YANETH MONR	
	(Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the	following amount made payable to the Florida Department of State:
\$35 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is Enclosed)

Mailing Address

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

Street Address

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

#### Articles of Amendment to Articles of Incorporation of

(Name of Corpo	ration as currently filed with the Florida Dept. of State)	
21000044094		
(De	scurrent Number of Corporation (if known)	·
ursuant to the provisions of section 607.1006, Flora Articles of Incorporation:	orida Statutes, this Florida Profit Corporation adopts the followi	ng amendmen
. If amending name, enter the new name of th	ne corporation:	
		The new
une must be distinguishable and contain the word Inc.," or Co.," or the designation "Corp," "] chartered," "professional association," or the ai	I "corporation," "company," or "incorporated" or the abbreviati Inc," or "Co". A professional corporation name must conta bbreviation "P.A."	ion "Corp.," in the word
Enter new principal office address, if applications of the principal office address MUST BE A STREET A	<u>able:</u> <u>ADDRESS</u> )	····
Enter new mailing address, if applicable:	1 Part	~ <u>}</u>
(Mailing address MAY BE A POST OFFICE	BOX)	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
If amending the registered agent and/or regi	istered office address in Florida, enter the name of the	ώ <u>*</u>
new registered agent and/or the new register	red office address:	£.
	[7]	
Name of New Registered Agent		_
Name of New Registered Agent		_
Name of New Registered Agent	(Florida street address)	_
Name of New Registered Agent  New Registered Office Address:	(Florida street address), Florida	_

### Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P - President; V - Vice President; T - Treasurer; S - Secretary; D - Director; TR - Trustee; C - Chairman or Clerk; CEO - Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following mainer. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D Y Mike J SV Sally S	ones	
Type of Action (Check One)	<u>Title</u>	Name	<u>Address</u>
1) Change Add	VP	LIDIA MARICELA MONROY ORELLANA	5224 NE 3 RD TERRACE FORT LAUDERDALE FL 33334
Remove  2) Change Add	فالإستان والأسارة وا	The state of the second state of the second	
Remove 3) Change Add Remove	*************		
4) Change Add	7- W2-W		
Remove  5) Change Add	***************************************		
Remove 6) Change Add	<del></del>		
Remove  E. If amending or adding (attach additional sheet)	g additional Arti	cles, enter change(s) here: (Bu specific)	
	Pil <sup></sup> Production behavior to the account volume		

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