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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: _	Soushing Strategy Group III name (A	louge to Florida Str
	Name of Limited Liability Company	Coali Hos
The enclosed A	d Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Jason Wrisser Name of Person	_
	Firm/Company	. <i>V</i> .c
	W. Palm Brach, FL 3	
	City/State and Zip Code Wisst Val E-mail and yess: (to be used for future annual report notific	d.com
For further info	nformation concerning this matter, please call: Jasou Wellssev at (161) 723 - Area Code Daytime	SECR. SECR. S
Factor 4 in a second		S 706 Number Telephone Number
\$25.00 Fili	a check for the following amount: Filing Fee	\$60:00 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/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	itions Iter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Stritegy	
(<u>Name of the Limited Liability Comba</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on and assigned
Florida document numberL15 COO 777776	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
FLorida Strate The new name must be distinguishable and contain the words "Limited Liabil	gic Coalition, LLC
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1615 Forum Place
(Principal office address MUST BE A STREET ADDRESS)	Suite 4-C
	W. Palm Brach, FL 3556 33401
Enter new mailing address, if applicable:	1615 Forum Place
(Mailing address MAY BE A POST OFFICE BOX)	301ts 4-6
	W. Palm Brach, FL 33401
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the ne
	7A.S.S.
Name of New Registered Agent:	CC 5
New Registered Office Address:	E77AF HASS
	Enter Florida street address
	Florida
Now Devictored Ament's Signature is about a D. 11	City No Zip Code
New Registered Agent's Signature, if changing Registered Agent:	> o

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

or removed from our records: MGR = Manager AMBR = Authorized Member					
t <u>le</u>	<u>Name</u>	<u>Address</u>		Type of Action	
<u></u>				Add	
				□ Remove	
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			05 21/15 FLORIDA	BZdd	
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☐ Change

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etive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fil	(optional)
If the date inserted in this block does not meet the applicable statuto	
ment's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
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Signature of a member or authorized repres	
	antative of a mamber

Page 3 of 3

Filing Fee: \$25.00