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COVER LETTER

	tration Section of Corp			
	N SUNSCE	NESOLUTIONS COMPANY	'. LLC	
SUBJECT: _		Name of Lim	nited Liability Company	
The enclosed A	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return a	ll correspor	ndence concerning this matter	to the following:	
		KEVIN SUNCINE		
			Name of Person	
		A SUNSCENESOLUTION	NS COMPANY, LLC	
			Firm/Company	
		732 WATERWAY DR		
			Address	
		N PALM BEACHFL 3340	80	
			City/State and Zip Code	
		RON@LEHMANFINANCI		
For further info	ormation co	E-mail address: (i incerning this matter, please ca	to be used for future annual report notification) all:	
RON LEHMA		,	610 565-2343	
	Name of	Person	at ()	-
Enclosed is a c	heck for the	c following amount:		
■ \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee Certificate of \$10 Certified Copy (additional copy is	tatus &
	ng Address stration S		Street Address: Registration Section	
Division of Corporations		prporations	Division of Corporations	
	Box 6327 hassec, F.		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A SUNSCENESOLUTIONS COMPANY, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	oany were filed on 05/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SunScene Solutions, LLC		
he new name must be distinguishable and contain the words "Limited L	Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SEL
Principal office address MUST BE A STREET ADDRESS	<u></u> ;	
		De Company
		%9 Te [1]
Inter new mailing address, if applicable:		May N
Mailing address MAY BE A POST OFFICE BOX)		2
3. If amending the registered agent and/or registered offigent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, enter the	name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	enter r toriaa street adaress	
	Florid:	
	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, 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
			□Add
			□Remove
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			□Add
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