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A. RIVERS
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COVER LETTER

TO: Registration Section **Division of Corporations** SUNRISE PROPARTIES SOLUTIONS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANEYDER WILSON Name of Person SUNRISE PROPERTIES SOLUTIONS LLC Firm/Company 2018 CROSSCREEK CT Address OVIEDO, FL 32766 City/State and Zip Code anniewilson.reator1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 Ancyder Wilson 325 8702 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRISE PROPARTIES SOLUTIONS 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 DECEMBER 2/2021	and assigned
Florida document number L21000511406		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SUNRISE PROPERTIES SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2018 CROSSCREEK CT	
(Principal office address MUST BE A STREET ADDRESS)	OVIEDO, FL 32766	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	2018 CROSSCREEK CT	
	OVIEDO FL 32766	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the na	
seem una or the new registered office address here.		021
Name of New Registered Agent:		2021 DEC
		$-\frac{1}{2}$ $\overline{\omega}$
New Registered Office Address:	Enter Florida street address	
		in s
	, Florida, Florida	Zip Colon
New Registered Agent's Signature, if changing Registered Agent:	•	(T)

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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00