

**L07000035960**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUNSHINE CONSTRUCTION, LLC**

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T. LEMIEUX

JUN 12 2024

FILED

Jun 10 PM 2:30

9:00 AM 01/11/2024  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H24000203031

SUNSHINE CONSTRUCTION, 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 04/04/2007 and assigned  
Florida document number L07000035960.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

18100 West Dixie Highway, Unit 201

**(Principal office address MUST BE A STREET ADDRESS)**

Miami, Florida 33160

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC

New Registered Office Address:

515 E. PARK AVE 2ND FL

*Enter Florida street address*

TALLAHASSEE

City

Florida 32301

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.*



Kim Tadlock, as Asst. Secretary on behalf of  
Capitol Corporate Services, Inc.

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	BAZINET, NATE	11745 SW 55th St	<input type="checkbox"/> Add
		Micanopy, FL 32667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BAZINET, SARAH	11745 SW 55th St	<input type="checkbox"/> Add
		Micanopy, FL 32667	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Argon Environmental, LLC,	18100 West Dixie Highway, Unit 201	<input checked="" type="checkbox"/> Add
		Miami, Florida 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Typed or printed name of signee