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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: SUN BLOCK SCREENS OF FLORIDA LLC 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:					
SHAUN SANDERS Name of Person					
SUN BLOCK SCREENS OF FLORIDA LLC Firm/Company					
21424 KERTING WAY Address					
LUTZ FL 33549 City/State and Zip Code					
SHAUN SANDERS 79 @ 6MAIL, COM E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
SHAVN SAMORS at (813) 690 - 0790 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount: V \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Ce					

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN BLOCK SCREE	DIS OF FLORED	A LLC	2022 JUH - 7 AH 9: 30
(Name of the Limited Liability (A Florida L	Company as it now appears o imited Liability Company)	n our records.)	S
The Articles of Organization for this Limited Liability Cor	mpany were filed on	7/21/08	and assigned
Florida document numberL0800069892	· · ·		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
CORNELL SANDRI	OE LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	лаtion "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our reco	rds, <u>enter the</u>	name of the new registered
Togotte da ande address nere.			
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Florida s	treet address	
	1		
	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 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
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
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