L10000007873

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SELVINE TARY OF STATE

ALLASSEE, FLORIDA

COVER LETTER

TO:	Registration Secti Division of Corpo					
SUBJECT:SUNSHINE LIMITED 1, LLC						
5020			ted Liability Company			
The er	nclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
Erik C. Larsen						
			Name of Person			
			Firm/Company			
243 West Park Ave., Ste. 201				1		
Winter Park, FL 32789 City/State and Zip Code						
		E-mail address: (t	outty183@gmail.com	notification)		
For further information concerning this matter, please call:						
	Eril	k Larsen	at (_407)	647-2011		
	Name of P	erson	Area Code & Da	ytime Telephone Number		
Enclos	sed is a check for the	following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl-	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration So Division of Co Clifton Buildin	rporations		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 21 FILED 10 JAN 29 PM 12: 55

SUNSE	HINE LIMITED 1, LLC	DECRETA	RY OF STATE SEE, FLORIDA	
(Name of the Limited Liabi (A Florid	lity Company as it now appear da Limited Liability Company)	rs on our records.)	SEE, FLORIDA	
The Articles of Organization for this Limited Liability Florida document numberL10000007873	y Company were filed on	01/22/2010	and assigned	
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the l	imited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)		<u> </u>	
				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:	En	ter Florida street add	ress	
	City	, Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title . Name 1 **Address Type of Action MGRM** LAWRENCE, ROBIN P O Box 383 ✓ Add Remove Goldenrod, FL 32733_ ☐ Remove ☐ Add _ Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessari Dated Sandary Signature of a member or authorized representative of a member Erik C. Larsen, authorized representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00