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## **COVER LETTER**

	Division of Co			•• <sub>.</sub>		
SUBJECT: All Florida Investigators, LLC						
, so by	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Joseph Fleitas				
			Name of Person			
	All Florida Investigators,LLC					
	Firm/Company					
		3248 W 70 ST Unit#201				
	Address					
		Hialeah, FL 33018				
		City/State and Zip Code				
		E-mail address: (	ii.Chanfrau@hotmail.com to be used for future annual report no	otification)		
For fur	ther information o	concerning this matter, please c	all:			
		seph Fleitas	at (_305 )	479-4850		
	Name o	f Person	Area Code & Day	ime Telephone Number		
Enclose	ed is a check for the	he following amount:				
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIED SECRETARY OF STATE DIVISION OF CORPORATIONS

AI	l florida Inve	stigators, LLC	11 JUN 17 PM 12: 0 I
( <u>Name of the Limite</u> (	<b>d Liability Compa</b> A Florida Limited l	iny as it now appears or Liability Company)	ı our records.)
The Articles of Organization for this Limited I Florida document numberL1000009		were filed on <u>Sept</u>	ember 21, 2010 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
Sunshine Inve	stigations and	Protections Service	es, LLC
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	: BOX)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	M/A		records, enter the name of the new
New Registered Office Address:	N/A	Finter 1	Florida street address
		Linei 1	
		City	, Florida

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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member · <u>Title</u> <u>Name</u> **Address Type of Action** N/A Add Remove N/A ☐ Add Remove N/A ☐ Add Remove N/A N/A  $\square$ Add Remove N/A Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The only thing I want is to change the company's name from All Florida Investigators LLC to Sunshine Investigations and Protection Services\_LLC. Everything else is the same as the original application. Please advise me what else I need to do and how I can get the new Article? June, 15 Dated Signature of a member or authorized representative of a member Joseph Fleitas Typed or printed name of signee

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Filing Fee: \$25.00