Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : 120150000107 Phone : (941) 625-1925 Fax Number : (941) 625-1926

Enter the email address for this business entity to be used for furtifie annual report mailings. Enter only one email address please. 207

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSET FRAMING GROUP, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25,00 |

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Sunset Framing Group LLC | | |
|---|--|--------------------|
| (<u>Name of the Limited L.</u> (A F) | iability Company as it now appears on our records.) lorida Limited Linbility Company) | |
| The Articles of Organization for this Limited Liabili Florida document number L11000092275 | ity Company were filed on 8/11/2011 | and assigned |
| This amendment is submitted to amend the following | g: | |
| 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 abb | reviation "L.L.C." |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET AL | DDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing uddress MAY BE A POST OFFICE BOX | 0 | <u> </u> |
| | | 五世 五 |
| | | SS = 7 |
| B. If amending the registered agent and/or registered agent and/or the new registered office: | egistered office address on our records, <u>enter t</u> <u>address here</u> : | he name of the new |
| | | |
| Name of New Registered Agent: | | = = |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | Cuy | 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------|----------------|------------------------|----------------|
| MGRM | Jody Bonnau | 629 Boundary West | |
| | | Ratonda West, FL 33947 | ☐ Remove |
| | | | ☐ Change |
| MGRM | Zachary Bonnau | 629 Boundary West | □ Add · |
| | | Rotunda West, FL 33947 | □ Remove |
| | | | |
| MGRM Drake Bonnai | Drake Bonnau | 629 Boundary West | |
| | | Rotonda West, FL 33947 | □ Remove |
| | | | Change |
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| | • | | Change |

| Beth Wilson | Fax: (941) 625-1526 | To: 18506176383@rcfax.cc Fax: +18506178333 | Page 4 of 4 05/11/2018 6:41 AM |
|-------------|--|---|--|
| D. If ame | nding any other informat | ion, enter change(s) here: (Attach additional she | ects, if necessary.) |
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| E. Effectiv | ve date, if other than the (| late of filing: | (optional) |
| (If an effe | ective date is listed, the date must | late of filing: be specific and cannot be prior to date of filing or more than ck does not meet the applicable statutory filing require | 90 days after filing.) Pursuant to 605.0207 (3 ements, this date will not be listed as the |
| docume | ent's effective date on the De | partment of State's records. | |
| | | | |
| If the rec | ord specifies a delayed 90th day after the reco | effective date, but not an effective time, a | t 12:01 a.m. on the earlier of: |
| | , | in is mee. | |
| Dated | May 11th | 2016 | |
| | | March 1 | |
| | | Signature of a member or authorized representative of a mer | |
| | // | Characteristics and A marking hope as a subprogrammed resource constitution in the entering | mhiri |

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Typed or printed name of signee

Filing Fee: \$25.00