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(Re	equestor's Name)	
(Ad	ldress)	
. (A d	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STATE
SECRETARY OF STATE

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COVER LETTER

Division of Corp		'n	
SUBJECT:	Sunshi: Name of Limi	ne Group L ted Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Chai	Name of Person	belvo
	ICC Su	Firm/Company	pLLC
	411 Wa	Inut St. #57 Address	54
	Charles. E-mail address.	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	FL 32043 mail.com
For further information con	ncerning this matter, please ca	ılı:	
Charles (Giambalus Person	at (6(7) 803 Area Code Daytime	-9662 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

KC Sunshihe	o Groux	2
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Company Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		/3/2015 and assigned
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		

Enter new mailing address if annihables		
Enter new mailing address, if applicable:	-d	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		
	2.007 2.007 2.00	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am familiar with and oter 605, F.S. Or, if this document is
If Chan	nging Registered Agent,	Signature of New Registered Agent
Рола 1	Lof 3	Tes o

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Charles V. Giambalvo	411 Walnut 5754	Add
		Green Cove Springs, F	L □ Remove
			ને 3 _□ Change
MGR	Kaven L. Giambalu	411 Walnut St. #5754	🗆 Add
		Green Cove Springs, FL	
		3107	> □ Change
MGR	Anthony G. Giambello	411 Walnut St, #5754	🗆 Add
	·	Green Love Springs, FL	[3 Remove
		32043	Change
			□ Add
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			□ Add
			Remove
		205 CO	Change
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E. Effec	tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 c	_ (option	al)		
(If an e Note :	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 or if the date inserted in this block does not meet the applicable statutory filing requirements.	lays after fil ents, this d	ing.) Purs ate will r	uant to 605 not be list	5.0207 (3)(b) ed as the
	ment's effective date on the Department of State's records.				
	ecord specifies a delayed effective date, but not an effective time, at 1 e 90th day after the record is filed.	2:01 a.n	n. on ti	he earli	er of:
(-)					
Dated	$\frac{9}{3}$, $\frac{2015}{3}$				
	0001.0.0				
	Signature of a member or authorized representative of a member	<u> </u>	~		
	Signature of a member of authorized representative of a member	, CS 84 84 84 84 84 84 84 84 84 84 84 84 84	15 SEP	77	
	Charles V. Giambo	2 68	i o		
	Charles V. Giambo Typed or printed name of signee	Y OF	<u> </u>		
		F.S.	ס		
	Page 3 of 3	TATE	l: 30		
	Filing Fee: \$25.00 🗸	> ''	0	·	