L15000 108157

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
IALLAHASSEE FLORIDA

K. SALY APR 12 2018

COVER LETTER

| | Registration,Se Division of Cor | | | |
|------------|------------------------------------|--|---|--|
| CUBIEC | | E VIP CLEANING SERVICE, | LLC | |
| SUBJEC | .1; | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | turn all correspo | ndence concerning this matter | to the following: | |
| | | CHIEN V NGUYEN | | |
| | | - | Name of Person | |
| | | SUNSHINE VIP CLEAN | ING SERVICE, LLC | |
| | | | Firm/Company | |
| | | 5282 N. ORANGE BLOS | SOM TRAIL, #107 | |
| | | | Address | |
| | | ORLANDO, FL 32810 | | |
| | | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | | F-mail address: | to be used for future annual report notif | ication) |
| For furth | er information co | oncerning this matter, please of | • | icanon) |
| CHIEN | V NGUYEN | | 321 947-6059 at () | |
| | Name o | Person | Area Code Daytime | Telephone Number |
| Enclosed | is a check for th | e following amount: | | |
| \$25.0 | 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

TO:

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE APR II PH 2:53

SUNSHINE VIP CLEANING SERVICE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited I Florida document number L15000108153 | Liability Company we | re filed on 06/22/2015 | and assigned |
|---|----------------------------|------------------------------------|---------------------------|
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability | company here: | |
| N/A | | | |
| The new name must be distinguishable and contain the | words "Limited Liability (| Company," the designation "LLC" or | the abbreviation "L.L.C." |
| 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: | | N/A | |
| (Mailing address MAY BE A POST OFFICE | | | |
| | _ | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | address on our records, <u>e</u> | nter the name of the nev |
| Name of New Registered Agent: | SOKOLITSKY, KI | M-NGOC T | |
| New Registered Office Address: | 3336 HERRINGRI | DGE DRIVE | |
| - | | Enter Florida street address | |
| | ORLANDO | . Florid | a 32812 |
| | | 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 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> | Name | Address | Type of Action |
|--------------|-----------------|---------------------------------------|-------------------------|
| AMBR | NGUYEN, CHIEN V | 5282 N. Orange Blossom Tr, #107 | □ Add |
| | | ORLANDO, FL 32810 | Remove |
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| | te, if other than the late is listed, the date m | | : | | r more than 90 days | optional) after filing.) Pursu | ant to 605.0207 |
| Note: If the | date inserted in this frective date on the | olock does not m | eet the applic | able statutory fi | ling requirements | this date will n | ot be listed as |
| | arount date on the | Department of 5 | une s records. | | | | |
| e record s The 90th | pecifies a delayed day after the re | ed effective d cord is filed. | ate, but no | t an effectiv | e time, at 12: | 01 a.m. on th | ne earlier of |
| Dated | Apail: | <u>, </u> | 2018 | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00