L15000171680

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· · · · · · · · · · · · · · · · · · ·
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



600278880356

11/09/15--01027--010 **25.00

15 DEC 11 PM 1: 39

DEC 1 5 2015
Y SULKER

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: SUM	Name of Lim	Adraround (ited Liability Company	Ponstruction, LC.
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	horal	Duarle Name of Person	
	sunshine	Under ground Firm/Company	Construction, Me
	5708 M.	Albany ave	
	Tampa	TZ 33603 City/State and Zip Code	
	E-mail address: (2 102 @ P.W. 911 to be used for future affigual report notifi	cation)
For further information con-	cerning this matter, please co	all:	
Kayen au Name of Po	la 2	at (P13) 731- Area Code Daytime	3991 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



November 13, 2015

NORA L DUARLE 5708 N ALBANY AVE TAMPA, FL 33603 US

SUBJECT: SUNSHINE UNDERGROUND CONSTRUCTION, LLC

Ref. Number: L15000171680

We have received your document for SUNSHINE UNDERGROUND CONSTRUCTION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 615A00023980

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

eraround Cons

(Aame of the Elimited	Florida Limited	Liability C	ompany)	our records.	,		
The Articles of Organization for this Limited Lial Florida document number	pility Compan	y were file	ed on(O -	08-1	. <u>5</u> a	nd assig	gned
This amendment is submitted to amend the follow	ring:						
A. If amending name, enter the new name of t	he limited lia	bility com	npany here:				
The new name must be distinguishable and end with the wo	ords "Limited Li	ability Comp	pany," the desig	mation "LLC	" or the abbrevi	ation "L.	L.C."
Enter new principal offices address, if applicat	ole:						
(Principal office address MUST BE A STREET	ADDRESS)					5	
					<u> </u>	<u> </u>	· ·
					37.00 20.00		y dans
Enter new mailing address, if applicable:					ḿ∹ m_		li Internating
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>					=	man dir.
					95		* 1-
						(3)	
B. If amending the registered agent and/or registered agent and/or the new registered office			dress on ou	r records,	enter the 1	iame o	f the new
		, >	1				
Name of New Registered Agent:	Mora	<u> </u>	varte	<u>de 1</u>	<u>ISaul</u>	<u>, Q</u>	
New Registered Office Address:	805	W.	Q \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ny (wl		
_	Tam	Da		Flo	rida <u>33</u> 0	60.7	
		City			7ir	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

Page 1 of 3

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Ma AMBR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Gloria Vasquez	5708 M. albany ave Tampa F4 33603	B Add
		Tampa F4 33603	□ Remove
			
			□ Remove
			Add
			□ Remove
			<u>⇒</u> _□ Add.
			Remove PA III
			- 1000 Addu - 1000 Addu - 1000 Addu
			Remove
			Add
		*** **********************************	Remove

(optional) date and cannot be more than 90 days after
(optional) date and cannot be more than 90 days after
(optional) date and cannot be more than 90 days after
(optional) date and cannot be more than 90 days after
date and cannot be more than 90 days after
date and cannot be more than 90 days after
ed representative of a member
-

Page 3 of 3

Filing Fee: \$25.00

15 DEC | | PM |: 39