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## **COVER LETTER**

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Tallahassee, FL 32314

IV.	Division of Cor			
aun in	C/T		UNSHINE, LLC	
SUBJE	CT:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
			MAGGIE LEE	
			Name of Person	<del></del>
		***************************************	Firm/Company	
1222 ROSEGA			1222 ROSEGATE BLVD	古是
			Address	
		RI	VIERA BEACH, FL, 33404	otification)
			City/State and Zip Code	
		E-mail address: (1	wendytax@yahoo.com o be used for future annual report no	otification)
For furt	her information c	oncerning this matter, please ca	ıll:	
	MAGO	GIE LEE	954 918-2396 at ( )	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	5.00 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)
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COU Registration Sec Division of Corp Clifton Building	porations

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SKY SUNSHINE, LLC		
(Name of the Limited I	Liability Company as it now appears Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liabi	• • •	MAY 23, 2016	and assigned
Florida document numberL16000100584	·		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the de	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		<b>5</b> 行。
(Principal office address MUST BE A STREET A	(DDRESS)		3
		·	<u> </u>
			2 2
Enter new mailing address, if applicable:			मू कि
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter	the name of the ne
Name of New Registered Agent:	MAGGII	ELEE	
New Registered Office Address:	1222 ROSEC	GATE BLVD	
	Enter Flor	ida street address	
_	RIVIERA BEACH	, Florida	33404
	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.

× maggic lea

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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n effective o	te, if other than the date date is listed, the date must be sp	ecific and can	not be prior to	date of filing	or more than 90 d	ays after filing.) Pu	irsuant to 605.020
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