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COVER LETTER

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TO: Registration Sec Division of Corp				
SUBJECT: Sunsta	H Capidal H Name of Lim	lo Idings, LLC nited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
		Name of Person (apple Holdings Firm/Company	-, UC	
	3840 St. J.			
	Sanford, Fl Try Q SCC E-mail address: (City/State and Zip Code Curculary (37 m cmt) control to be used for future annual report not	SECRETARY OF STATEMENT OF STATE	
For further information co	ncerning this matter, please ca	all:	-7 / SEE.	i Fi
Try Av	lls	at (407 Area Code Daytin	SEE. FLORID	C
Name of	Person	Area Code Daytim	ie 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S unstate	Capital	Holdings	UC	
		Holdings 1 in a sit now appears Liability Company)		
The Articles of Organization for this Limited Liz Florida document number LIGODIQ 889	ability Company	were filed on <u>6</u> /	1/2016	and assigned
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabi	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	ity Company," the de	signation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	7025 C	R 464	
(Principal office address MUST BE A STREET	ADDRESS)	Ste 1071	-423	2.11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	9 <u>0X)</u>	7025 (Str 1071) Lake Mar	R 46A -423 -4, P1 327	SCURE DEC -1
B. If amending the registered agent and/or registered agent and/or the new registered off			our records, en	the name of the nev
Name of New Registered Agent:	Lavra	H. Rich	hards He 1071-	
New Registered Office Address:	7025 CY	λ 46 A Enter Florid	He 1071- da street address	-423
	Lake Mai		, Florida	32746
	<u> </u>	City	, 1 101101	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 Title Name Address Type of Action MGR Ernet C. Aulls IV 3840 St. Johns Plemy Remove □ Add □ Remove ☐ Change ☐ Add □ Remove ☐ Change □ Add 兦 ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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	>	
Note:	ve date, if other than the date of filing: \(\frac{12}{2016} \) (optional) cive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the date on the Department of State's records.	0207 d as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies	r of
	NCC. 18 , 2016. Cont C. An X Signature of a member or authorized representative of a member	
Dated		

Page 3 of 3

Filing Fee: \$25.00