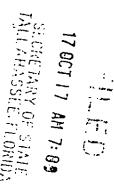
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(Requestor's Name)	
(Address)	500304138
(City/State/Zip/Phone #)	
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(Business Entity Name)	10/17/1701026012
(Document Number)	
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COVER LETTER

то:	Registration Sec Division of Corp			
CET IT		TAPE PRODUCTS LLC		
SUBJE	(.1: <u></u>	Name of Limi	ted Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		GARY HACKER		
			Name of Person	
		HACKER & ROMANO		
			Firm/Company	
		3300 N 29 AVE STE 102		
			Address	·····
		HOLLYWOOD, FLORID.	A 33020	
			City/State and Zip Code	
		ghacker@hackerromano.com	n to be used for future annual report notif	lontion)
				icanony
For furt	her information of	oncerning this matter, please or	all:	
GARY	HACKER		954 922-2207 at ()	
	Name o	f Person	at ()	Telephone Number
Enclose	ed is a check for th	ne 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 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

SUNSHINE TAPE PRODUCTS LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.16000129899}{1.16000129899}$	were filed on JULY 08, 2017 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	300 ANSIN BLVD				
Principal office address MUST BE A STREET ADDRESS)	HALLANDALE BEACH FL 33009				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	300 ANSIN BLVD HALLANDALE BEACH FL 33009				
B. If amending the registered agent and/or registered o	ffice address on our records, enter the name of th				
registered agent and/or the new registered office address her					
Name of New Registered Agent:	SS XX				
New Registered Office Address:	Enter Florida street address				
	Florida R				
	City Florida Zia Gode				

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	<u>Address</u>	Type of Action
MGR	RICHARD SCHOONOVER	3500 W HALLANDALE BCH BLVD	
		HALLANDALE BCH FL 33023	■ Remove
			Change
MGR	GARY HACKER	3300 N 29 AVE STE 102	■ Add
		HOLLYWOOD FL 33020	Remove
			□ Change
			Add
			☐ Remove
		 	☐ Change
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			Remove
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Typed or printed name of signee

Filing Fee: \$25.00