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SEGRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Deeds Consulting LLC Name of Limited Liability Company
Name of Limited Diability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mike Deeds/Michael Deeds
Deeds Consulting LLC Firm/Company
12757 78th PL Worth
West Palm Beach, DL 334/2
City/State and Zip/Code Mike deeds 1 @ Comcastine E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Deed 5/Michael Deed at 561 Name of Person / Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Solution Status Status Solution Status Status Solution Status Stat

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

Deeds Consulting 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 Liability Company were filed on $9/17/16$ and assigned Florida document number $1/6000180417$.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Oreen Sun Innovations LLC 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 applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address: Enter Florida street address Enter Florida street address
City City 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 **Type of Action Address** Robert Gritter 12757 78th PL North Madd West Palm Pch, FL 33412 OREM ☐ Change □ Remove ☐ Change ☐ Add □ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change

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Filing Fee: \$25.00