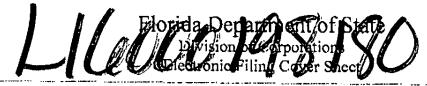
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EAGLE TAX REPRESENTATION, CORP.

Account Number : I20070000037

Phone -

: (954)532-3842

Fax Number

: (954)532-3847

\*\*Enter the email address for this business entity to be used for fuffine annual report mailings m Enter only one smail address please. \*\*

Email Address:

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SUNSHINE FINEST INNOVATION, LLC

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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SIIR	SUNSHINI JECT:	FINEST INNOVATION, LL	.c		
		Name of Line	nited Liability Company		
The	enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Pleas	se return all correspo	ndence concerning this matter	to the following:		
		MARI,ON REIS			
			Nume of Person		
		RAGLE TAX REPRESEN	ITATION, CORP		
			Finn/Compuny		
		5493 WILES ROAD STE	105		
			Address	<del></del>	
		COCONUT CREEK FL 33	3073		
		<del></del>	City/State and Zip Code		
		paulo@eagle-tax.com			
For f	urther information e	E-mail address: ( oncerning this matter, please of	to be used for future unnual report notificall:		77
Paul	o Oliveira, £A		954, \$32 <b>-</b> 3842	TARY ASSE	FILE
Enclo	Name of	Person le following amount:	Area Code Daytime		
<b>≘</b> \$	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 (udditional 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

(À Florida	v Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/27/2016	and assigned
Florida document number L16000198180	<u> -</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	****	
		20 ALL
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		
Teginer to agent when the new regimes of office and	City 114.5 C.	CHASS TA
Name of New Registered Agent:		SET W
		ال الراب
New Registered Office Address:	Enter Florida street address	<del></del>
	. Floric	

## 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	Address	Type of Action
AMBR	MARLO REIS	219 SE 11TH ST	
		DEERFIELD BEACH FL 33441	■ Remove
			Change
AMBR	MARLON REIS	219 SE !!TH ST .	
		DEERFIELD BEACH FL 33441	Remove
			☐ Chunge
			☐ Remove
	·		□ Change
·			TALLAHASSEE F ST
			ORDAN W Remove
			Change
			□ Add
			☐ Remove
			□ Change

2018 4:53 PM FAX mending any other informatio	n, enter change(s) bere: (Attach addi	☑ 00 itional sheets, if necessary.)
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	10/31/2016	ORD는 U (optional)가 O
ective date, if other than the date effective date is listed, the date must be at If the date inserted in this block ument's effective date on the Department's	e specific and cannot be prior to date of filing or s does not meet the applicable statutory fil	r more than 90 days after filing.) Pursuant to 605, ling requirements, this date will not be lister
record specifies a delayed e he 90th day after the recor	effective date, but not an effective d is filed.	e time, at 12:01 a.m. on the earlie
OCTOBER 31ST,	2016	
	·	
	gnature of a member or authorized representati	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00