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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone #)	1
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

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APR 21 2017 S. YOUNG SEURETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sect Division of Corpo		·		
SUBJECT: 50	nshine Move	rs & Trades 1	man LLC	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter t	to the following:		
	Luis	G. Hernand Name of Person	de z	
		Firm/Company		
	47/3 f	turon Bay Cir	cle	
s.	_ hissimn	16 FL 30	1759	
	L-mail address: (6	787 Darma 1.Co	oation)	
For further information cor	neerning this matter, please ca	II:		TALL SECTION
Luis L Name of 1	ternandez Person	at (<u>407</u>) <u>409</u> Area Code Daytime	3508 Telephone Number	APR 20 F
Enclosed is a check for the	following amount:			PH 2: 43
\$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

Sunshine Movers (Name of the Limited Liability Compa- (A Florida Limited L	A Tradesman ny as it now appears on our records.) iability Company)	2LC
The Articles of Organization for this Limited Liability Company Florida document number <u>L.17000024375</u> .	were filed on 01/31/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile. Sunshine Handyman & Move The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	rs LLC	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4713 Huron Bay hissimmee, FL	<u>Cir</u> 34759
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		20 SEY
New Registered Office Address:	Enter Florida street address	2 T. 5
	, Florida	? 是
	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.

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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cument's effective da	te on the Departme	nt of State's reco	ords.				
record specifies	a delayed effec	tive date, but	not an effe	ective time, a	t 12:01 a.m.	on the earlie	er of:
he 90th day afte	r the record is	filed.					
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Page 3 of 3

Filing Fee: \$25.00