## L17000024375

(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT: Sunsh	ine Handyma Numb of Limi	n and Movers ited Liability Company	LLC
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	Luis Herr	Name of Person	
		Firm/Company	<del></del>
	· 116 Hamlet	LOU P Address	
	Daven port	- FL 3383 City/State and Zip Code	7
	E-mail address: (t	o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	all:	
Luis Hey	nande Z	at (407) 409 - Area Code Daytime	3508 Telephone Number
Enclosed is a check for the t	following amount:		
S25.00 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 Seconds of Cor		Street Address: Registration Seconics of Cor	porations
P.O. Box 6327		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Handyman	and Movers LLC	<u> </u>
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 170000 24375</u> .	vere 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 liabili	ity company here:	
Sunshine Solutions Logist The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		· ·-
Enter new mailing address, if applicable:	116 Hampet Loop	
(Mailing address MAY BE A POST OFFICE BOX)	Davenport, FL 3	33837
		(2)
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name	of the new registered
Name of New Registered Agent:		二
New Province of Office Address		 دی دی
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p	, , ,	• ·

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>	<u>Name</u>	Address	Type of Action
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			□Remove
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Effectiv	e date, if other than the date of filing:
t`an effec	tive 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 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is file	
_	06/07/2020 2020. June 7
Dated _	<u>0610712020 . 2020 .</u>
	Signature of a member or authorized representative of a member
	Luis Hernandez Typed or printed name of signee