

L17D00045700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

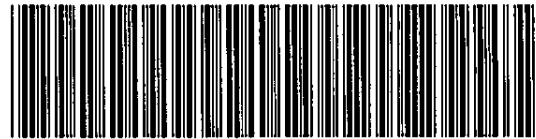
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/24/17--01002--001 **20.00

05/11/17--01005--022 **5.00

FILED
2017 MAY 10 A 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 11 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

NICHOLAS FANELLA
434 TANGLEWOOD DR
FT WALTON BEACH, FL 32569

SUBJECT: SUNSHINE ENERGY SOLUTIONS, LLC
Ref. Number: L17000065700

2017 MAY 10 PM 4:53
TALLAHASSEE, FLORIDA

We have received your document for SUNSHINE ENERGY SOLUTIONS, LLC and your check(s) totaling \$20.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$5.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 817A00007899

2017 MAY 10 A 11:16
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSHINE ENERGY SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICHOLAS FANELLA

Name of Person

PROFESSIONAL OFFICE SERVICES

Firm/Company

434 TANGLEWOOD DR

Address

FT WALTON BEACH FL 32569

City/State and Zip Code

NFANELLA@COX.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS FANELLA

Name of Person

850 862-7131
at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2017 MAY 10 A 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNSHINE ENERGY

(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 03/22/2017 and assigned
Florida document number L17000065700.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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

Florida

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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	IGNACIO GONZALEZ GAVEND	338 MICHAEL COURT	<input checked="" type="checkbox"/> Add
		MARY ESTHER FL 32569	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MACKENSEY BRUSH	338 MICHAEL COURT	<input type="checkbox"/> Add
		MARY ESTHER FL 32569	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 MAY 16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2017 MAY 10 A 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 10 AM 11:15

FILED

(If an effective 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 (3)(b)

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

- 1) The 90th day after the record is filed.

Dated APRIL 15, 2017

Signature of a member or authorized

Signature of a member or authorized representative of a member

MACKENSEY BRUSH

Typed or printed name of signee