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| Special Instructions to F | Filing Officer: | |
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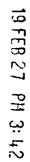


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02/27/19--01024--004 **25.00

S. PRATHER



COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: COLID SUNShine Liability Company 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: |
| Jan Jeffery Henry Name of Person |
| Carib Sunshine 1-LC Firm/Company |
| 2509 old Painbridge Pd Apt A |
| Kallulussee F1 37303 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Tan Nemal at (ESU) 341-5710 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| Cerrib hard | lyman LLC | 20 |
|--|--|------------------------------------|
| (Name of the Limited (A | Biability Company as it now appears on our Florida Limited Liability Company) | r records.) |
| The Articles of Organization for this Limited Liab Florida document number 1700009 | pility Company were filed on 5/1/ | 19 and assimed T |
| This amendment is submitted to amend the follow | ring: | <u>ું</u> જ |
| A. If amending name, enter the new name of the new name must be distinguishable and contain the work | LC | |
| Enter new principal offices address, if applicab | ole: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>ox</u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | records, enter the name of the ney |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida stree | 21 address |
| | C'. | , 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 ad or removed from our records:

| MGR = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|-------------|----------------|
| Title | <u>Name</u> | Address | Type of Action |
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| ote: If beumen e reco | the date inserted in this block does no nt's effective date on the Department o ard specifies a delayed effective | date, but not an effective time, | irements, this date will not be liste | d as |
| ine 9 | Ooth day after the record is filed | 1. | | |
| ated _ | 2/21/19 | · · · · · · · · · · · · · · · · · · · | | |
| | Jan hearl | a member or authorized representative of a n | | |
| | | a member of authorized representative of a r | 2019 F | |
| | Fan Henry | Typed or printed name of signee | 144/255 2.54/255 2.54/255 3.54/25 3.54/2 | • |
| | 9 | · · · | S. 7 | r r |
| | | Page 3 of 3 | P. P. | (|

Filing Fee: \$25.00