L17000134132

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

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COVER LETTER

TO: Registration S Division of Co			
	SHINE LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	FENG DONG		
		Name of Person	
	OEC SUNSHINE LLC		
		Firm/Company	
	13847 WALSINGHAM RI	D UNIT E & G	
		Address	.
	LARGO FL 33774		
		City/State and Zip Code	
	asdxiaofeng0308@yahoo.co		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	all:	
feng dong		917 951-5895 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$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

OEC SUNSHINE LLC (Name of the Limite	ed Liability Compa	ny as it now appears on our records.) Ciability Company)			
The Articles of Organization for this Limited Li Florida document number L17000134132			and assi	gned	
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	J	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.I.	C."	
Enter new principal offices address, if applicable:		13847 WALSINGHAM RD UNIT E &G			
(Principal office address MUST BE A STREET ADDRESS)		LARGO FL 33774			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	13847 WALSINGHAM RD UNIT LARGO FL 33774	E &G		
B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent:			MAR I 4 URETARY AHASSE	of the new	
New Registered Office Address:	GHAM RD UNIT E &G	PH OF S	[T :		
new registered Office Address.		Enter Florida street address	₩ 	Tar. or	
	LARGO	, Florid	18 38 74 55		

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.

City

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 **Title Name Type of Action** PING CHEN ☐ Add **X** Remove ☐ Change □ Add ☐ Remove

_□ Change

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record specifies a delayed	effective date, but not an effectiv	re time at 12:01 a.m. on the	earlier
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Filing Fee: \$25.00