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SECKETARY OF STATE SECKETARY OF STATE ANASSEE, FLORIDA

S. WARREN 0CT 2 0 2017

COVER LETTER

	gistration Sec vision of Corp			·	
SUBJECT:		ISHINE SERVICES LLC			
gebare.		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return	n all correspor	ndence concerning this matter t	to the following:		
		FRANCIS N. HAWLEY			
			Name of Person		
		M & V SUNSHINE SERV	ICES, LLC.		
Firm/Company					
		40 SW 13 ST. SUITE 203			
			Address		
		MIAMI, FL. 33130			
		City/State and Zip Code			
FRANCISHAWLEY@GMAIL.COM					
		E-mail address: (t	to be used for future annual report notifi	cation)	
For further i	information co	oncerning this matter, please ca	all:		
FRANCIS	HAWLEY		786 395-1414at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e 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

M & V SUNSHINE SERVICES, LLC.		
(Name of the Limited Liah (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L 17000150051	Company were filed on 7/13/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ecords, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	t address
	0:	, Florida Zip Code
	City	zip Coae

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>	Address	Type of Action
MGR	PEREZ EDUARDO	765 CRANDON BLVD APT 409	
		KEY BISCAYNE, FL. 33149	■ Remove
			☐ Change
			
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			□ Remove
			SECONARISE
			TO REMOVE
			RIDA Change

D. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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_		
		
		
_		
	10/16/2017	
(If an effec <u>Note:</u> If	ce date, if other than the date of filing: (optional) ctive 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 605.0 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.	207 (3)(b) as the
(b) The 9	ord specifies a delayed effective date but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated _	10/16/2017.	
	- \(\delta \) \(
	Signature of a member or authorized representative of a member	· · · ·
	Typed or printed name of signee	
	Page 3 of 3	. •

Filing Fee: \$25.00