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COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: ALDEOTA INVESTMENTS 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: |
| CARLOS GOMES Name of Person |
| |
| 608 INTERLUDE LN Address |
| ORLANDO FL 32824 City/State and Zip Code SUNSHINE CHARTER BUSES @ GMAIL. COM E-mail address: (to be used for future annual report notification) |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: COMES at 407 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee. Certificate of Status & \Bigcup \\$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

DIDECTA TRIECTMENTS ///

| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records.) |
|--|--|
| (A Florida Limited I | Liability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 170002239</u> 23 | were filed on $10/30/2017$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| SUNSHINE TRANSPORTATIO | ON GROUP LLC |
| The new name must be distinguishable and contain the words "Limited Liabil | ity 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) | |
| | <u> </u> |
| Enter new mailing address, if applicable: | S TO |
| (Mailing address MAY BE A POST OFFICE BOX) | (2) y (2) |
| | <u> </u> |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | fice address on our records, <u>enter the name of the new</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida street address |
| | Florida |
| | City Zip Code |
| Vision I Provide a control A and City and the control of the contr | |

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 |
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Filing Fee: \$25.00