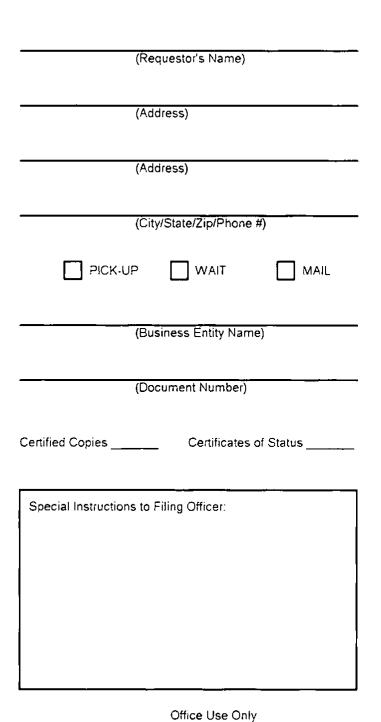
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COVER LETTER

TO:

Registration Section Division of Corporations

	HINE SERVICES OF FLORIDA	, LLC				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	KURT ZIMMERMAN					
		Name of Person				
	ZIMMERMAN & ASSOCIATES					
	· · · · · · · · · · · · · · · · · · ·	Firm/Company				
	2400 E. COMMERCIAL BOULEVARD, SUITE 820					
		Address				
	FORT LAUDERDALE, FL 33308					
	···	City/State and Zip Code				
	KURT@ZIMMERMANLA	AW.COM				
	E-mail address: (to be used for future annual report no	tification)			
For further informatio	n concerning this matter, please c	all:				
KURT ZIMMERMA	N	954 202-7440				
Nam	e of Person		me Telephone Number			
Enclosed is a check fo	r the 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)			
P.O. Box 6	n Section Corporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations			

Tallahassee, FL 32303

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

SUNSHINE SERVICES OF FLORID (Name of the Limited (A	•	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL17000246672	oility Company	were filed on	12/01/2017	and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	he limited liab	oility company her	œ:	
THE CALUFETTI GROUP, LLC				
The new name must be distinguishable and contain the work	ds "Limited Liabi	lity Company," the des	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		c/o KURT ZIMMERMAN		
		699 N. FEDERAL HIGHWAY, SUITE 300		
		FORT LAUDERDALE, FL 33304		
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reg agent and/or the new registered office address	istered office :	FORT LAUDER	L HIGHWAY, SUIT DALE, FL 33304 cords, <u>enter the na</u>	
				~ ?
Name of New Registered Agent:				
New Registered Office Address:	699 N. FEDER	AL HIGHWAY, SU		<u>;</u>
	Enter Florida street a			, ,
	FORT LAUDE	City	Florida	23304 <u>- 2</u> Zip Code
New Registered Agent's Signature, if changing Registered Agent:				zar Coue
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the registered.	agent and agr and complete cred agent as j	ee to act in this co performance of n provided for in Cl	ny duties, and Lam hapter 605, F.S. Or	familiar with and ;; if this document is

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ERIN L. CALUFETTI OTTO	c/o KURT ZIMMERMAN	□Add
		699 N. FEDERAL HIGHWAY, SUITE 300	□Remove
		FORT LAUDERDALE, FL 33304	≣ Change
MGR	JENNA L. AUCKLAND	c/o KURT ZIMMERMAN	□Add
		699 N. FEDERAL HIGHWAY, SUITE 300	□Remove
		FORT LAUDERDALE, FL 33304	= Change
			🗆 Add
			□Remove
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloomment's effective date on the Decement's	be specific and cannot be priced does not meet the appl	icable statutory filing	(optional) ore than 90 days after filing. g requirements, this date	Pursuant to 605,0207 will not be listed as
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m. o	on the earlier of: (b) The	e 90th day after the
APRIL 9	. 2024			
11	2/10 -			
11	Signapline of a member or aut	horized representative	of a member	

Filing Fee: \$25.00