L17000255576

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COVER LETTER

The I.T. Co	ompany II, L.L.C.		
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Bryan M. Colon		
		Name of Person	
	The I.T. Company II, LLC		
		Firm/Company	1
	6704 SW 114TH PL APT	В	
		Address	
	Miami, FL 33173		
	····	City/State and Zip Code	
	bcolon89@gmail.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Bryan M. Colon		305 338-7192	
Name o	of Person	at () 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:

TO:

Registration Section

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

The I.T. Company II, LLC. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 12/14/2017 and assigned Florida document number L17000255576 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sunshine IT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbigination "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___ City

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
VP	Aileen Mederos	6704 SW 114TH PL	
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ffective date, if other than the an effective date is listed, the date in source. If the date inserted in this ocument's effective date on the	ust be specific and block does not n	cannot be prior	able statutory					
e record specifies a delaye The 90th day after the re	ed effective c ecord is filed.	late, but no	t an effecti	ve time, at 1	2:01 a.m. c	n th	e ea	ırlier d
December 15		2017	·					
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Typed or printed name of signee

Filing Fee: \$25.00