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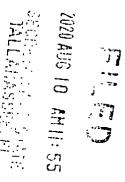
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COVER LETTER

Division of Cor		•		
	E ACCOUNTING & IMMIGR	RATION SERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Picase return all correspo	ondence concerning this matter	to the following:		
	RITA M RODRIGUEZ			
		Name of Person		
	SUNSHINE ACCOUNTI	NG & IMMIGRATION SERV	TICES LLC	
		Firm/Company	.	
	1005 W 77TH ST # 102		SECT TA	2620
		Address	<u> </u>	
	Name of Person SUNSHINE ACCOUNTING & IMMIGRATION SERVICES LLC Firm/Company 1005 W 77TH ST # 102 Address HIALEAH, FL 33014 City/State and Zip Code SUACIMSERVICES@GMAIL.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call:			5 6
	SUACIMSERVICES@GM		<u>च्या</u> र	
	E-mail address: (to be used for future annual repor		
For further information of	concerning this matter, please c	all:		
EROS PUENTES			51	
Name o	f Person		aytime Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &
Mailing Address		Street Addres		
Registration ! Division of C		Registration Division of	i Section Corporations	
P.O. Box 632			of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE ACCOUNTING & IMMIGRATION SERVICES 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 $^{01/01/2018}$ and assigned Horida document number L18000001369 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1005 W 77TH ST # 102 Enter new principal offices address, if applicable: HIALEAH, FL 33014 Principal office address MUST BE A STREET ADDRESS) 1005 W 77TH ST # 102 Enter new mailing address, if applicable: : : { HIALEAH, FL 33014 Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new regis igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

' hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply witt 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 i 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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			□Remove
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fective date, if other than the date of filing:	applicable	ate of filing o	r more than 90 ling requirer	(optiona) days after filinents, this da	l) ig.) Purs te will i	uant to 605 not be liste
ecord specifies a delayed effective date, but not an effective date.	ctive time,	at 12:01 a.i	n. on the ear	lier of: (b)	The 90t	h day after
ted AUGUST 03 2020						