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SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

COVER LETTER

	vision of Cor		۶			
SURIFCT:		urprise, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Felix Santiago				
	Sunshine Surprise, LLC Name of Limited Liability Company					
		Sunshine Surprise, LLC				
			Firm/Company			
		11607 SW Rowena St.				
		Sunshine Surprise, LLC Firm/Company 11607 SW Rowena St. Address Port Saint Lucie, FL 34987 City/State and Zip Code mespinoza@mecpac.net				
		Port Saint Lucie, FL 34987	7			
		·				
For further	information c		-	ication)		
Felix Santia	ago					
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	ne 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

Sunsnine Surprise, LLC				
(<u>Name of the Limited Liability</u> (A Florida l	y Company as it now Limited Liability Com	appears on our records.) ipany)		
The Articles of Organization for this Limited Liability Co	ompany were filed	on May 1, 2018	and assigne	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability compa	any here:		
Sunshine Supplies, LLC				
The new name must be distinguishable and contain the words "Limit	ted Liability Company	," the designation "LLC" or	the abbreviation "L.L.C."	"
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRI	ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe	ered office addre	ess on our records, <u>e</u>	enter the name of 1	the ne
registered agent and/or the new registered office addre	ess here:			
			7	
Name of New Registered Agent:			200	
New Registered Office Address:			da SSEE GO Zip Code CONTAIN COMPLY VI	77
	En	nter Florida street address	SSE 10	
		, Floric	da 📆 📆 📆	T
	City		Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:		, D	
hereby accept the appointment as registered agent a	ınd agree to act ir	1 this capacity. I furth	er agree to comply v	vith tl

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			□ Remove
			□ Change
		-	Add
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Tective date, if other tha	n the date of filing:			(option:			
an effective date is listed, the da ote: If the date inserted in							
ocument's effective date on	the Department of State's	s records.					
e record specifies a de The 90th day after th	layed effective date, e record is filed.	but not an e	ffective time, a	at 12:01 a.r	л. on t	he ear	lier (
May 7	20	18					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00