118000143012

(Re	questor's Name)	
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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	e #)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUNSHINE HEALTH AND SAFETY 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:
Bertha M Mucherera Name of Person
Sunshine Health and Safety LC Firm/Company
Firm/Company 1012 Mc Daniel Creek Court Address
City/State and Zip Code = To
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shamiso C Mucherera at 1407 697-3982 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \$\Bigsup \text{\$55.00 Filing Fee & Certified Copy & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \$\Bigsup \text{\$25.00 Filing Fee & Certified Copy & 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

Sunshine Health	and Safety LLC
(<u>Name of the Limited Liah)</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L 18000143012</u>	Company were filed on <u>June 11, 2018</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	nited 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 ADD	RESS)
	至 5 五
Enter new mailing address, if applicable:	SSI + F
(Mailing address MAY BE A POST OFFICE BOX)	
	, 02: N
	- 10 m
B. If amending the registered agent and/or regi	stered office address on our records, enter the name of the new
registered agent and/or the new registered office ad	dress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

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>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00