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COVER LETTER

DIV (Stoff of	Corporations		
SUNS SUBJECT:	HINE SERVICES OF SW FLORID	A LLC	
SOBJECT:	Name of Limi	ted Liability Company	
The enclosed Article	s of Amendment and feets) are subi	nitted for filing.	
Please return all corr	espondence concerning this matter t	to the following:	
	NOE MALCA		
		Same of Person	
	•		
		Firm-Company	
	1734 EL DORADO BLVD	N	
		Address	
	CAPE CORAL FL 33993		
	NOEMALCA@GMAIL.CC	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further informati	ion concerning this matter, please ca	ill:	
NOE MALCA		239 810-8998	
No.	nne of Person	at ()	Lelephone Number
Enclosed is a check	for the following amount:		
冒 - \$25.00 Filing Fe		□ \$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 Talfahassee, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUNSHINE SERVICES OF SW FLORIDA 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 $\frac{08/17/2018}{}$ _____ and assigned Florida document number _____L18000197991 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 "I mated I jability Company," the designation "LLC" or the abbreviation "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 Elorida street address

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

Thereby 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. Thereby 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
MGR	SERGIO ALEJANDRO ANDRES-JOSE	1122 FORRESTER AVE IMMOKALEE FL 34142	
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Note:	tive date, if other than the date of filing: [Coption Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil. If the date inserted in this block does not meet the applicable statutory filing requirements, this direct's effective date on the Department of State's records.	ing.) Pursuant to 605.02	07 (3 as th
f the re b) Th	cord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed.	n. on the earlier	of:
	September 26 2018		
13.	1 1		
Dated	Signature of Rember or authorized Apresentative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00