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COVER LETTER

TO:	Registration Se Division of Cor					
SUBJI	ect.	SUNSHINE GARDENS	GROUP LLC			
., 01,,,1		Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	SHINE GARDENS GROUP LLC Name of Limited Liability Company Int and fee(s) are submitted for filing. Incerning this matter to the following: Hicham Y Bouchahine Name of Person SUNSHINE GARDENS GROUP LLC Firm/Company 1423 West Fairbanks Ave Address Winter Park, FL 32789 City/State and Zip Code alphaincometax@gmail.com E-mail address: (to be used for future annual report notification) this matter, please call: 407 644-1040 at (
Please	return all correspo	ondence concerning this matter	to the following:			
			Hicham Y Bouchahine			
			Firm/Company			
				<u> </u>		
E-mail address: (to be used for future annual report notification)						
For fur	ther information c	oncerning this matter, please ca	ıll:			
Hicha	m Y Bouchahine					
-	Name o	f Person	Area Code Daytime	Telephone Number		
Enclos	ed is a check for th	ne following amount:				
≅ \$2.	5.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		

MAILING ADDRESS:

TO:

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 GARDENS		
(Name of the Lim	ted Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited I lorida document numberL18000227493	and assigned		
This amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name o	of the limited liability co	mpany here:	
he new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or th	ne abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	<u> </u>	
Principal office address MUST BE A STRE	ET ADDRESS)		DIVISION OF 18 OCT -
nter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	I/or registered office a office address here: Hicham Y Bouchahir		ter the name of the
	1423 West Fairbanks	s Ave	
New Registered Office Address:		Enter Florida street address	
	Winter Park	Florida	32789
	Cit		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
AMBR	Hicham Y Bouchahine	1423 West Fairbanks Ave. Winter Park, FL 32789	■ Add
			□ Remove
			Change
MGR	Rima N Bouchahine	1423 West Fairbanks Ave Winter Park, FL 32789 76/18	☐ Add
	91	76/18	☐ Remove
			🗏 Change
MGR	Anita L Moreland	14109 Weymouth Run Orlando, FL 32828	☐ Add
		9/24/18	
			☐ Change
			Remove
			Change
			Remove
			☐ Change
		<u> </u>	☐ Add
			Remove
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Anita M	loreland is responsib	le or a partner in	n this Compar	¬у		<u>.</u> .		_
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Page 3 of 3

Typed or printed name of signee

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