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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE TAX GROUP INC

Account Number : I2018C000051 Phone : (305)223-4643 Fax Number : (786)361-1360

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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Registration Section

TO:

COVER LETTER

| Div | ision of Corpo | rations | | |
|---------------|------------------|-------------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| | SUNLIFE PO | OLTECH, LLC | | _ |
| SUBJECT: | | Name of Limite | d Liability Company | |
| | | | | · |
| | | nendment and fee(s) are subm | | |
| Please returi | all correspond | lence concerning this matter to | the following: | |
| | | JOSE A CORTE CASAL | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | | Address | |
| | | 953 WEST 77TH STREET | | |
| | | HIALEAH, FL 33014 | City/State and Zip Code | |
| | | E-mail address: (5 | o be used for future annual repor | rt notification) |
| For further | information co | ncerning this matter, please ca | II: | • |
| JOSE A C | ORTE CASAL | | 786 305-11 at () | 02 aytime Telephone Number |
| | Name of | Person | Area Code D | wytime Telephone Number |
| Enclosed i | s a check for th | e following amount: | | |
| | 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 Tallanassee, PL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1/19000320/343

| Name of the Limited | Liability Compan | y as it now appears on our reciability Company) | ords.) | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|------------------------------------|---------------------|
| The Articles of Organization for this Limited Liabs Florida document number L18000248975 | | | 174 C AF | _ and assigned |
| This amendment is submitted to amend the follow | ing: | | 37.3 | viation "L.L.C." |
| A. If amending name, enter the new name of th | | | 0 | |
| The new name must be distinguishable and contain the word | ls "Limited Liabil | ity Company," the designation " | LLC" or the abor | eviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 953 WEST 77TH STREET | | |
| | | HIALEAH, PL 33014 | | |
| | | | | · |
| | | 953 WEST 77TH STREE | T | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | 282 | HIALEAH, FL 33014 | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: | registered of ce address her | <u>e</u> : | ords, <u>enter t</u> | he name of the new |
| Name of New Negation Agein. | 953 WEST 77 | דט פיייס די די | _ | |
| New Registered Office Address: | 933 W.C31 77 | Emer Florida street a | ddress | |
| | HIALEAH | | _, Florida <u>330</u> | 14 |
| | | City | _, 1101104 | Zip Code |
| New Registered Agent's Signature, if changing Re | gistered Agent: | | | |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has | · and complete ered agent as gistered office | e performance of my dutte provided for in Chapter (| es, ana 1 am je 605, F.S. Or, i | if this document is |

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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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 |
|--------------|-----------------------|----------------------|----------------|
| MGR | DIEGO A SANDOVAL | 3116 SW 24TH STREET | |
| | | МАМI, FL 33145 | ■ Remove |
| | | | ☐ Change |
| MGR | JOSE A CORTE CASAL | 953 WEST 77TH STREET | ■ Add |
| | | HIALEAH, FL 33014 | □ Репроус |
| | | | Change |
| MGR | BELKIS GONZALEZ PEREZ | 953 WEST 77TH STREET | |
| | | НАLEAH, FL 33014 | Remove |
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| 50 % BELKIS GONZALEZ | Z PEREZ | | | |
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