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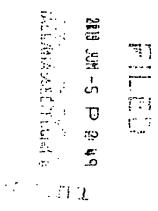
(Re	questor's Name)	
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COVER LETTER

	Registration Se Division of Cor			
end tec	ELITE SU	NSHINE HOMES, LLC.		
SUBJEC	T:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		JOSE R CAMPOS		
			Name of Person	
		ELITE SUNSHINE HOM	ES, LLC.	
			Firm/Company	
		7900 OAK LANE SUITE	E 400	
			Address	
		MIAMI LAKES, FL. 3301	6	
		JOSE@ELITESUNSHINEI	City/State and Zip Code HOMES.COM	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information c	oncerning this matter, please ca	ail:	
JOSE R	CAMPOS		786 427,4870	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	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

ELITE SUNSHINE HOMES, LL	LC	L	ES.	М	HO	NE	1	Н	ЧS	Ui	S	Έ	ווגו	Е
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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Aminhous Communication Constitution in the 11 to 12 to 1	C	as I IANI	[編集]	5 P 2: ¥9
The Articles of Organization for this Limited Liabilit Florida document number 1.19000028837	y Company	were filed on state	14 1 / 10 / TE	and assigned
			476CLISTINGS	ator the filling
This amendment is submitted to amend the following	:			•
A. If amending name, enter the new name of the l	imited liab	ility company here	:	
N/A				
The new name must be distinguishable and contain the words	Limited Liabi	lity Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		7900 OAK LANE	SUITE 400	_
(Principal office address MUST BE A STREET AD	<u>DRESS)</u>	MIAMI LAKES, FL. 33016		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered o ddress her	ffice address on o e:	ur records, <u>enter</u>	the name of the r
Name of New Registered Agent: N/A	\ 		-1	
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
	N/A		
			Add
			□ Remove
			Change
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		·	Remove
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			Add
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meenv an effer	tive date, if other than the date of filing:
<u>ote:</u> l	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ocume	nt's effective date on the Department of State's records.
The ?	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
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ated _	·
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ated _	Signature of a member

Page 3 of 3

Filing Fee: \$25.00