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(Re	equestor's Name)	-		
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COVER LETTER

Tallahassee, FL 32314

	Registration Se Division of Cor			
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SUBJEC	T: SUNSHINI	E DME SUPPLIES, LLC	•	
	-	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		CHRISTOPHER J RASCI	ONATO	
		CHRISTOT HERS KASOL	Name of Person	
		-	Firm/Company	
		2700 W Atlantic Blvd, Sui		
			Address	
		Pompano Beach, FL 3306	City/State and Zip Code	
		chris28nyc@gmail.com E-mail address: (to be used for future annual report noti	fication)
For furth	er information c	oncerning this matter, please co	all:	
CHRIST	OPHER J RASO		at (516) 236-3127 Area Code Daytim	e Telephone Number
	Name o	rerson	Area Code Dayum	e reiepnone Number
Enclosed	l is a check for th	ne following amount:		
≡ \$25,	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 Addres		Street Address:	
	Registration S		Registration Sec	
	Division of C P.O. Box 632	•	Division of Cor The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE DME SUPPLIES, 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 $\frac{03/19/2019}{1}$ Florida document number $\frac{L19000076924}{}$ 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 "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 2700 W Atlantic Blvd, Suite 267 Enter new principal offices address, if applicable: Pompano Beach, FL 33069 (Principal office address MUST BE A STREET ADDRESS) 2700 W Atlantic Blvd, Suite 267 Enter new mailing address, if applicable: Pompano Beach, FL 33069 (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 Florida street address

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>	Address	Type of Action
MBR	RASCIONATO, CHRISTOPHER.	510 SE 5th Ave Apt 1412	
		Fort Lauderdale, FL 33301	□Remove
			■Change
			□Remove
			□Change
			□Add
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	/	1/4	/-	>	>						
	-H	m/c	Silvani	ure of a me	mber or au	thorized re	presentative	of a member			_

Filing Fee: \$25.00

Typed or printed name of signee