L19000/40351

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19 JUN 18 MII: 05

SECRETARY OF STATE
FALL AHASSEE, FLORIDA

TSCHMENER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunshine State Aquatics LLL Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
TREVOR SIMS Name of Person	
Sunshine State Aquatics LLC Firm/Company	
PREVOR SIMS Name of Person Sunshine State Agratics LLC Firm/Company Deland FL 32724 City/State and Zip Code Sales & Sunshine State Agratics Com Estimal address: (to be used for fulure annual report notification)	
DeLand FL 32724 City/State and Zip Code	
Sales a Sunshine State aunties, Com E-mail address: (to be used for fulfire annual report notification)	
for further information concerning this matter, please call:	
	_
Name of Person Area Code Daytime Telephone Number	Sunshine State Aquatics LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: TREVOR SIMS Name of Person
Enclosed is a check for the following amount:	
•	Status &

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

Sunshine State Am	vatics LLC
(Name of the Limited Liability Colu	ipany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compa. Florida document number 9000140351	ny were filed on 5 · 24 · 19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lie	ability company here:
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	Sin a F
Enter new mailing address, if applicable:	To Series
(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 h	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	City Zup 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>	Address	Type of Action
AMBR	TREVOR SIMS	101 E New Hampshire Ave Ap	PPV X VAP
		DeLand FL 37724	Remove
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Effecti	ve date, if other than the date of filing: (option	al)⊳		0.0.000
n an cu Note:	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fill if the date inserted in this block does not meet the applicable statutory filing requirements, this d	ing.) Pursi ate will r	iant to 6 ot be li	05.0207 (2 sted as th
docum	ent's effective date on the Department of State's records.			
ne rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n. on th	ne ear	lier of:
ine	90th day after the record is filed.			
Dated :				
Dated .				
Dated ,	Rosyl Security of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00