Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Doing so will generate another cover sheet. | دة. |
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| <u>.</u> . | | , ≓ |
| ľo: | Division of Corporations | |
| | Fax Number : (850)617-6383 | لبرا |
| | , , | أمس |
| From: | A Manager A MARTYNETY LAUL CROUD - DU C | - |
| | Account Name : MARTINEZ LAW GROUP, PLLC. Account Number : 120170000062 | |
| | Phone : (305)454-5804 | ٠. |
| | Fax Number : (305)454-5808 | |
| **Enter an | the email address for this business entity to be use inual report mailings. Enter only one email address p | ed for future lease.** |
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| an Em | the email address for this business entity to be use inval report mailings. Enter only one email address pail Address: I.C AMND/RESTATE/CORRECT OR M/MG R SUNSHINE BOAT & RV RENT, LLC. | lease.** |

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Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help D SCOTT

\$25.00

JUL 5 2019

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P.O. Box 6327

Tallahassee, FL 32314

To:

COVER LETTER

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| Division of Cor | | | |
|-----------------------------|---|--|---|
| SUNSHINI | E BOAT & RV RENT, LLC. | | |
| SUBJECT: | Name of Lin | ited Liability Company | <u> </u> |
| The enclosed Articles of | Amendment and fee(s) are sub | unitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | . 63 |
| | JEISSA MARTINEZ, ESC | ⊋. | في بر، د د |
| | ± | Name of Person | |
| | MARTINEZ LAW GROU | JP, PLLC. | ىت بر |
| | | Ficn/Company | |
| | 1999 S.W. 27th Avenue, 1 | st Floor | ۰.۰ تات اب |
| | | Address | |
| | Mjami, Florida 33145 | | |
| | ·· | City/State and Zip Code | ····· |
| | jm@martinezlawg.com | | |
| | | to be used for future annual report notif | ication) |
| For further information co | oncerning this matter, please c | all: | |
| Jeissa Martinez | | 305 454-5576 at () | |
| Name o | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registr | ING ADDICESS: ation Section n of Corporations | STREET/COURII Registration Section Division of Corpora | ı |

H19000 2048003

Clitton Building

2661 Executive Center Circle Tallnhassee, FL 32301

07/03/2019 1:22 PM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H190001048003

| SUNSHINE BOAT & RV RENT, LLC. | | |
|--|---|---------------------------------------|
| (<u>Name of the Limited Light</u> (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | Company were filed on 06/17/2019 | and assigned |
| Florida document number L19000152029 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited Hability company here: | |
| SUNSHINE BOAT & RV, LLC. | | ** 53 |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or | the abbreviation "L.L.C." - |
| Enter new principal offices address, if applicable: | | 1 |
| (Principal office address MUST BE A STREET ADI. | DRESS) | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | · - |
| (Malling address MAY BE A POST OFFICE BOX) | | |
| · | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office ad | | nter the name of the new |
| Name of New Registered Agent: | | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | 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

Page 1 of 3

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To:

Fax: (850) 617-6383

Page: 4 of 5

07/03/2019 1:22 PM

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 Title Name Address Type of Action _□ Add _____ 🗆 Remove __ Change <u>.</u>□ Remove _□ Change _D Add □ Remove __ Change □ Add __ 🗆 Remove ______ Change □ Add __ 🗆 Remove _ 🗆 Change ☐ Remove

_____ Change

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| <u>Note:</u> If t document | Inte, if other than the date of filing: o date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 to date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a offective date on the Department of State's records. |
| ne record The 90 | i specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier th day after the record is filed. |
| Dated | Calle |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00

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