L19000 227 225

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400337520864

12,702,113-- 31922--021 (**35.00

19 060 -2 AM SE IS

JAN 0 8 2020 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor				
	Debris Removal LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	amitted for filing		
	ondence concerning this matter			
	Jordan Hernandez			
	Name of Person			
	Sunshine Debris Remov	val LLC		
	 	Firm/Cot ipany		
	10423 Cedarhurst Ave			
	Address			
	Orlando/Florida 32825			
	ibernander222@yebee	City/State and Zip Code		
	jhernandez232@yahoo.c E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
Jordan Hernandez		407 6257724		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	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 Registration S		<u>Street Address:</u> Registration Se	ection	
Division of C	orporations	Division of Co	rporations	
P.O. Box 632	.7	The Centre of	Fallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 [2]

Sunshine Debris Removal LLC		三三 冠二号 田
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	-2 H
(//	Transa callinear islandity Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 09/09/2019	and assigned
Florida document number L19000227225		
	·	: " vi
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited lighility company here:	
<u> </u>		
The new name must be distinguishable and contain the word	Is "Limited Liability Company" the designation "LLC" or t	the abbreviation "L.C."
The new mane man to strange and contain the visit	Same supply sompley. The designation is not	
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	DX)	
Training want con the board of		
	 	
B. If amending the registered agent and/or regi	istered 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 Floridu street address	
	Direct Tyring Street Bull (SS	
-	, Florida	AZip Code
	Cny	tip 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>	Name	Address	Type of Action
AR	Jose L Hernandez	968 Scandia Ln Orlando FL 32825	🗆 🗆 Add
			Remove
			□Change
AR	Bemardo Prendes	3000 Catherine Wheel Ct Orlando FL 32822	🗆 Add
			Remove
			🗆 Change
			□Add
			□Remove
			[]Change
			□Add
		<u> </u>	□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change

Page 2 of 3

it amending	any other information, enter c	nange(s) nere:	(Attach additional sheets, if necessary.)
			
		·-···	
-			
			
		· · · · · · · · · · · · · · · · · · ·	
Note: If the o	e, if other than the date of filing ate is listed, the date must be specific and late inserted in this block does not if fective date on the Department of	meet the applicab	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.020 le statutory filing requirements, this date will not be listed a
	pecifies a delayed effective of day after the record is filed.		an effective time, at 12:01 a.m. on the earlier ϵ
Noven Dated	nber 26th	2019	d
	/	,	
_	Signature of a	member or authory	representative of a member
1-		`	, ·
J0	rdan M Hemandez	Typed or printed	name of clanae

Page 3 of 3