Division of Corporations

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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Division of Corporations

Fax Number : (850)617-6383

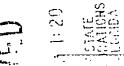
From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

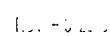


LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **GATOR SUNSHINE LLC**

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11/2/2023 10:19:46 PDT

To: 18506176383

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From: Registered Agents Inc

Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Gator Sunshine LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on of Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number L19000270987	y were filed on 10/29/19	9 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the design	ation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			·
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			Ę.
(Mailing address MAY BE A POST OFFICE BOX)			_ သိ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, enter the name of t	he new regis
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida st	treet address	
		, Florida	1°- J.
	·	Zip	Code
New Registered Agent's Signature, if changing Registered Agent			,
I hereby accept the appointment as registered agent and ug			

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

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From: Registered Agents Inc.

Fax: 8134365206

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
AMBR SINGH, SATWANT	SINGH, SATWANT	7901 4TH ST N STE 300	□Add
		ST. PETERSBURG, FL 33702	⊒Remove
			Change
			🗆 Add
			□Remove
			⊕Change
			□Add
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			□Remove
			Change

1/2/2023	10	19:46	PDT*

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From: Registered Agents Inc.

Fax: 8134365206

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________ (optional)
(If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the record is filed. Dated ____ Signature of a member or authorized representative of a member Robin Jones Typed or printed name of signee