L19000292713

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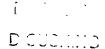


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COVER LETTER

TO: Registration So Division of Con					
SUBJECT:	Sinshine Triba	ta UC. nited Liability Company ext Back Reten to			
& 2nd time 7	Hushes been so	ut back Retin to	Senles. &		
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	John li	onnell			
		Name of Person			
	SunShine	Trifeefer LLC Firm/Company			
	6436 Pollu	y Tree St			
	Jackson	wille, FL 32222	, 		
	Jdatekni	City/State and Zip Code Cia Apolicom to be used for future annual report no	ichoud.com	20 (<u>.</u>
		•	tification)	001	, i
, 1	concerning this matter, please e	all:		اش	
John Gn	rel/	at (<u>904</u>) <u>945</u> Area Code Dayti	-5118	- R 20	의 い
Name o	d'Person	Area Code Daytii	me Telephone Number	3: 45	11.1
Enclosed is a check for the	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing For Certificate of S Certified Copy (additional copy is	tatus &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshin Tritata	LCC.	Ċ	トラジス
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on ou Liability Company)	ir records.)	72
The Articles of Organization for this Limited Liability Company	were filed on 10/2	4/19 and as	ا بن ssigned
Florida document number <u>419000 297713</u> .	were med on	and as	אליליופונ
This amendment is submitted to amend the following:			
·			
A. If amending name, enter the new name of the limited liab	ility company nere:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L	IC."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name of the ne	w registe
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	ret address	
	·	, Florida Zip Code	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my di	ities, and I am familiar wi	ith and

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
	Richard TV ende Hi	Definit the Apt 417	🗆 Add
		Detroit Ne Apt 417 Clevelar, OH 44113	LRemove
			🗆 Change
	Tyler 4 Carolino	862440 Next Hapton clup by Fernanclina beal , 12 32054	□Add
		Fernandina beal , F. 32054	_ Bremove
			Change
			□Add
			□Remove
			□Change
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			🗆 Add
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			[]Change
			□Add
			Remove
			ElChana

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Note:	tive date, if other than the date of filing:
	ord 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 filed.
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ord is t	filed.
cord is t	filed.

Filing Fee: \$25.00