## L19000304174

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400387195024

ALLAHASSEE, FLORI

202215AY 19 AM 10

RECTIVED

J 5/20/2022

(850) 524-5437 (850) 524-624	
PLEASE USE FUNDS FROM THIS ACCOUNT: AUTHORIZATION SIGNATURE:	uesfall
SUNSHINE SOLAR SALES GROUP, LLC, BUSINESS (Name)	L 19000 304174  Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each page)	
_X_ Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger Conversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited PartnershipReinstatement
APOSTIL ( ) Country	Domestication of Foreign Corp.

\* FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:\_\_\_\_

TALLAHASSEE, FL 32309

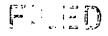
## **COVER LETTER**

TO:

SUBJECT: SUNSHIN	NE SOLAR SALES GROUP, L	LC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JAMES H COLLIER SR		·
	JAMES H COLLIER SR  Name of Person  COLLIER'S ACCOOUNTING SERVICE, INC Firm/Company  8812 SHENANDOAH LANE  Address  HUDSON, FL 34667  City/State and Zip Code jcolli58@yahoo.com E-mail address: (to be used for future annual report notification)  where information concerning this matter, please call:  ES H COLLIER SR  Name of Person  at (727) 868-6020  Aren Code Daytime Telephone Number		
	COLLIER'S ACCOOUNT	TING SERVICE, INC	
COLLIER'S ACCOOUNTING SERVICE, INC  Firm/Company  8812 SHENANDOAH LANE  Address  HUDSON, FL 34667  City/State and Zip Code  jcolli58@yahoo.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  AMMES H COLLIER SR  Name of Person  Aren Code  Daytime Telephone Number  Finclosed is a check for the following amount:  Cortificate of Status  Certificate of Status  Certificate of Status & Certificate Copy (additional copy is enclosed)			
	Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:    JAMES H COLLIER SR		
		Address	
	HUDSON, FL 34667		
		City/State and Zip Code	
		to be used for future annual report no	utification)
For further information		•	······································
Name (	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy
Mailing Addre Registration			ection
P.O. Box 632		The Centre of	Tallahassee
Lallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUNSHINE SOLAR SALES GROUP, LLC

2022 MAY 19 AM 10: 30

(Name of the Limited Liability Company as it now appears on our records.) Selection (A Florida Limited Liability Company)  TALL 1305E3, FL
12/12/2010
Florida document number L19000304174 and assigned
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
<del></del>
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 here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florido street address
, Florida
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
MGR	JAMES F FISCHER	10704 OSCEOLA DRIVE	■Add
		NEW PORT RICHEY, FL 34654	□Remove
			□Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			Change
<del></del> -		<del> </del>	□Add
			□Remove
<del></del>			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ Change

· -	
	<del></del>
	<del></del>
	-
	<del></del>
	<del></del>
	<del></del>
	<del></del>
ective date, if other than the date of filing: (optional)  effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	nt to 605.0207
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State's records.	t be listed as
difference date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	dan alina dan
s filed.	lay after the
cd MAY 19TH . 2022	
A THAT A	
Signapure of a member or authorized representative of a member	
Signature of a member of authorized representative of a member	
DANIEL BOZURICH	