## L19000304174

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AN INDESTRUCTION

T. MATTHEWS JUN 14 2022

## **COVER LETTER**

Division of Cor	porations			
SUBSHIN	E SOLAR SALES GROUP LI	.C		
SUBJECT: WORKSTON		nited Liability Company	, , , , , , , , , , , , , , , , , , ,	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JAMES H COLLIER SR			
		Name of Person		
	COLLIER'S ACCOUNTI	NG SERVICE, INC.		
		Firm/Company		
	8812 SHENANDOAH LA	ANE		
	-	Address		
	HUDSON, FL 34667-272	1		
		City/State and Zip Code		
	JCOLLI58@YAHOO.COM			
	E-mail address: (	to be used for future annual repo	ort notification)	
For further information e	oncerning this matter, please c	all:		
JAMES II COLLIER SR		at ( 727 ) 868-60	020	
Name of	f Person	Area Code [	020 Daytime Telephone Number	<del></del>
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed		of Status &

Mailing Address:

TO:

Registration Section

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**

N FLEE TARY OF STATE DIVISION OF CORPORATIONS

SUNSHINE SOLAR SALES GROUP LLC

22 APR 25 PM 3: 19

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 12-13-2019	and assigned
Florida document number 1.19000304174		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here;	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:	<u>.</u>	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	City	ida 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 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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JAMES F FISCHER	10704 OSCEOLA DRIVE NEV	V PORT RICHEY FL 3 ■ Add
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m effe	ective date is list	ed, the date r	must be speci:	fic and canne	ot be prior to	date of filing	or more than	90 davs after 1	iling.) Pursuant date will not b	to 605.0207
cume	ent's effective	date on the	: Departmen	it of State's	s records.	ne statutory	mag requi	ements, this	date will not b	ie fisted as
ecord is file	l specifies a de ed.	elayed effec	tive date, bu	it not an ef	fective tim	e, at 12:01 a	.m. on the e	arlier of: (b)	The 90th day	y after the
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Typed or printed name of signee