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COVER LETTER

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		E SURVEY LLC	٠		
SUBJECT:		Name of Lim	ited Liability Company		;
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		CURTIS SCHAPER			
		48 11.8	Name of Person		
		SUNSHINE SURVEY LL	.c		
			Firm/Company		
		1056 OSOWAW BLVD			
			Address		
		SPRING HILL, FL 34607	•		
		CURTICWAYNESS & CM	City/State and Zip Code		
		CURTISWAYNE63@GM E-mail address: (to be used for future annual re	port notification)	
For further i	information c	oncerning this matter, please ca	all:		
CURTIS S	CHAPER			-8442	
Name of Person		at () Area Code	Daytime Teleph	none Number	
r 1 1:		6.11.			
		ne following amount:	G cccoper r	=	7. 640 00 PTC P
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		<u>Street Add</u> Registrat	<u>dress:</u> tion Section	
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Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

SUNSHINE SURVEY LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L20000026589	ny were filed on JANUARY 21,2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		7.07
		7020 MAR
		ÀR.
Satura and a satisfact and decrease if a malicables		12
Enter new mailing address, if applicable:		10
(Mailing address MAY BE A POST OFFICE BOX)		7.5
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e address on our records, <u>enter the</u>	e name of the new registe
1.101. Togistered Office Fludress.	Enter Florida street address	
	, Flori	da
	City	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 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>	<u>Address</u>	Type of Action
AMBR	CURTIS SCHAPER	1056 OSOWAW BLVD	
		SPRING HILL, FL 34607	□Remove
AMBR	FRANK JULIAN	6438 POLK STREET	
		NEW PORT RICHEY, FL 34653	□Remove
		<u></u>	☐ Change
			□Add
			Remove
			Change
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		<u></u>	Remove
			□ Change

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