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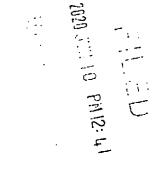
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Amend Klamech 8

JUN 25 2020 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sunvise Personal Protective Products, LLC Name of Limited Liability Company
. Author District Dis
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Melanie Clarke
Name of Person
Firm/Company
4731 N.W. 103rd Avenue
Sunrise, FL 33323
City/State and Zip Code
Sunrise, FL 33323 City/State and Zip Code Squbur (D) y an 00, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Gabur 305, 945-0017
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunvise Person	al Prote	ictive Proc	ducts, U	C
(Name of the Limited I	<u>Liability Company</u> Florida Limited Lia	as it now appears on bility Company)	our records.)	Ô N
The Articles of Organization for this Limited Liabi		ere filed on	4/22	and assigned
This amendment is submitted to amend the following	ng:			Te.
A. If amending name, enter the new name of the Survise Personal Pe	rotection s "Limited Liability le:	Products v Company," the design	nation "LLC" or the $J\cdot W\cdot 10^{-2}$	ard Avenuc
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>	1109 S marg	.W. 49- ak, FL	tn Terrace 33068
B. If amending the registered agent and/or registered and/or the new registered office address h		ldress on our reco	rds, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:				
New Registered Office Address:	1109	SW 49-	<u></u>	re
		Enter Florida s LYJ WC Cly	, Florida _	330US 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Change
			Remove
			Change
			□Add
			🗖 Remove
			□Add
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an effectiv <mark>Vote:</mark> If th	date, if other that we date is listed, the date inserted in 's effective date on	ate must be specific this block does no	and cannot be pri of meet the appl	icable statutory fi	r more than 90 days	optional) after filing.) Pursuar s, this date will not	at to 605.0207 (be listed as t
record sp l is filed.	occifies a delayed e	effective date, but	not an effective	time, at 12:01 a.	m. on the earlier o	of: (b) The 90th d	ay after the
ated	June	le	. 202	<u>.0</u>			
		VI la	Mile ()	Laure thorized representa	tive of a member		
				Clarke			