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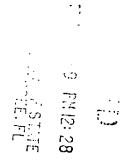
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27/05/24

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corpo	orations		
SUBJECT:	Name of Lim	5A FLORICIA Lited Liability Company	LC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	<i>Ŧ</i>	ARICH AYUBI Name of Person Fullessee	·
		Firm/Company	
	16850 Co	11ins AVE SU	ite 112-420
	SUNNY.	TSIES BEACH City/State and Zip Code	FL 33160 ExLoridausa.com
	E-mail address: (Ride Sunshine to be used for future annual report notifi	efloridausa.com
For further information con	ncerning this matter, please c	all:	
FARIA	Ayubi	at (<u>305</u>)394 Area Code Daytime	- 7894
Name of 1	CISON	rica code Dayame	receptione realises
Enclosed is a check for the	following amount:		
₩ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Address: Registration Se Division of Co		Street Address: Registration Sec Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNShiNE USA FLORICIA (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 _____ and assigned Florida document number <u>L2000016</u> 9760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNSHINE FLORIDA USA LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 16850 Collins AVE Suite 112-420 Sunuy Isles BEACH, FL 33160 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 16850 Collins AVE Suite 112-420 SUNNY ISLES BEACH, FL 33160 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 familian 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.

City

Enter Florida street address

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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			□Remove
			☐ Change
			□ Add · .
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Filing Fee: \$25.00