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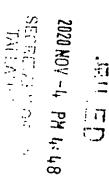
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(Ad	dress)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

Registration Section

Division of Corp	orations		
subject: <u>SUN</u>	Shine wir	ACLUS & DOOY	Installation LLC
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Samu	Cl Herrondez Name of Person	
		Firm/Company	
	6008 Edg	t brook Dr Address	
	orland	City/State and Zip Code	
	Comuci h	837@ Gmail.	Cm (lication)
For further information cor	cerning this matter, please ca	-	
Samuel Name of I	Hornande2	at (<u>321</u>) 347 Area Code Daytin	+- 4372 ne Telephone Number
		,	·
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 (additional copy is enclosed)
Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number \(\frac{1}{2}(\chi)00 \) 303567. 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 "LLC." 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 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 Florida street address

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.

City

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
AmBy	Samuel Herrandez	6008 Edgebrook Pr	□Add
	·	Cros Edgebrook Pr Orlands, Fl 32809	□Remove
			🗹 Change
			□Add
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			□Add
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