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COVER LETTER

TO: Registration Sec Division of Corp			
subject: <u>SON</u> S	hine Windows Name of Lim	A COV 1118 ta (10) ited Liability Company	tion: 11C
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Sar	MUEL Hermand Co	
		Firm/Company	
	£008 Edg	EDICOK DY	
	Grigno	1c FL 32561	
	Sumit h E-mail address: (1	City/State and Zip Code \$ 3.7 & (1/1/Cit) . Code to be used for future annual report notific	CIVI cation)
For further information co	ncerning this matter, please ca		
Samuel	Hernande7	ar (321) 3471	4372
Name of	Person	Area Code Daytime	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 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

Sinshine windown	ty Company as it now appears on	Stallation IIC our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L2000 30 356</u>	Company were filed on	$\frac{6}{642}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· .
		<u>~)</u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our reco	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	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>	Name	Address	Type of Action
AmBr	Paul Hornandez	608 Edgebicck	DAdd
		Dr CilcindeFL 305001	
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ective date, if other than the date of filing: (option	ıal)
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fi	iling.) Pursuant to 605,020
te: If the date inserted in this block does not meet the applicable statutory filing requirements, this cument's effective date on the Department of State's records.	date will not be fisted as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
s filed.	7
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Signature of a member or authorized representative of a member	ーー:
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