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(Re	equestor's Name)	
(Âd	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: SUNS	hine pro Logis	6Hcs LLC ited Liability Company	
	Amendment and fee(s) are submodence concerning this matter to		
	Valerie	N. Exwier Name of Person	
	Sunstine p	Firm/Company	_Lc
	440 Nu) ///th St	
	Miami /FL	33168 City/State and Zip Code	-
	E-mail address: (t	ogistics I C Q 9m a	il. Com
For further information c	oncerning this matter, please ca	all:	
Valerie Name o	J. Exacier [Person	at (30 5) 6\3 - Area Code Daytim	5793 e Telephone Number
Enclosed is a check for th	e 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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Exquisite & co LLC	
(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 January 8, 20	and assigned
Torida document number 121000021963	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
Inter 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 nangent and/or the new registered office address here:	ne of the new registe
	. •
Name of New Registered Agent:	- '
New Registered Office Address:	•
Enter Florida street address	-
, Florida	:
City	Zip Code :
Low Doubtened Appet's Circusture of abancing Designand Appets	• •

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>	Name	Address	Type of Action
MGR	Correy Lu Jr	440 NW 111th St	🗹 Add
	·	Mami, FL 33168	□Remove
			□Change
AMBR	Valeria Exavier	440 NW 111th St	⊠Add
		Mian: PL 33168	□Remove
			□Change
		□∧dd	
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an effi ote:	ve date, if other than the date of filing:
recore	d 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 ed.
ated .	March 29 . 2021.
	Signature of a member or authorized representative of a member
	·
	Valerie N. Exavier Typed or printed name of signee