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COVER LETTER

TO: Registration Division of C	Section Corporations		
Sunshine Sunshine	e Septic LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Westah Blake		
	-	Name of Person	
	Sunshine Septic LLC		
		Firm/Company	
	2435 Myer Ave		
		Address	
	Leesburg, FL 34748		
	westah@hotmail.com E-mail address:	City/State and Zip Code (to be used for future annual report noti	fication)
For further informatio	n concerning this matter, please of	rall:	
Westah Blake		772 584-9501 at ()	
Nan	e of Person		e Telephone Number
Enclosed is a check for	or the following amount:		≈ 69
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of States & Certified Copy (additional copy is grelosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	ction porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Septic LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 01/26/2021	and assigned
lorida document number L21000047307		
this amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the a	abbreviation "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)	· · · · · · · · · · · · · · · · · · ·	
		· <u></u> , <u>-</u>
		Es .
3. If amending the registered agent and/or registered office	address on our records, enter the nai	me of the new regis
gent and/or the new registered office address here:		HAR HAR
		,
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street address .	2: -
	, Florida`	ω
	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 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>	<u>Address</u>	Type of Action
MGR	Brandon Brooks	4424 E Arlington St.	≡ Add
		Inverness, Fl 34453	🗀 Remove
			□Change
MGR	Westah Blake	2435 Myer Ave	≡ Add
		Leesburg, FI 34748	□Remove
			Change
			□Add
			□Remove
			Change
			□ Add · ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			Add Remove
			☐ Change ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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			2021	— <i>P</i>
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			MAR	-1
ective date, if other than the da effective date is listed, the date must b	ate of filing:	ata of filing or more than	(optional)	605 020
te: If the date inserted in this block	k does not meet the applicable	statutory filing requir	amando de la data militara bal	listed as
ument's effective date on the Department	artment of State's records.		ements, this date with not be	J
cord specifies a delayed effective of sfiled.	late, but not an effective time,	at 12:01 a.m. on the e	artier of: (b) The 90th day	after the
. March 10th	2021			
ed				
ed	gnature of a member or authorize			