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TO:

Registration Section

Div	ision of Co	porations		2-
SUBJECT:	Sunshine V	/alue Partners 2 LLC) -
oobteer.		Name of Lin	nited Liability Company	····
The englaces	l Artialos of	Amandas and Garley are such	and the file	
The enclosed	i Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Amin Mitha		
			Name of Person	
		., ,	Гіпп/Со трапу	<u>_</u>
		3425 US HWY 98 NORT	Н	
			Address	
		Lakeland, Florida 33809		
		amin.mitha@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please c	all:	
Amin Mitha			863 4099269 at ()	
	Name o	f Person	Area Code Dayti	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres		Street Address:	action
_		orporations	Registration S Division of Co	
P.O	Box 632	7	The Centre of	•
Tal	lahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE VALUE PARTERS 2 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number <u>L21000069151</u> .	were filed on February 9, 2021	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
SUNSHINE VALUE PARTNERS 2 LLC		
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "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)		
J. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·· (
	City , Florida	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>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			Change
			□ Add
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oc	e date, if other that tive date is listed, the d	late must be specific	and cannot be prior to	o date of filing or more	(option than 90 days after fil	ing.) Pursuant to 605.02
an effect	the date inserted in	this block does in	ot meet the applical	ble statutory filing r	equirements, this d	ate will not be listed
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