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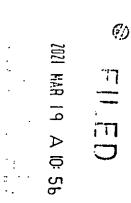
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:	Registratio Division of	on Section Corporations	•
erro II		Sunshine, LLC	•
SUBJE	.CT:	Name of Lin	nited Liability Company
The en	closed Article	es of Amendment and fee(s) are sul	bmitted for filing.
Please	return all corr	respondence concerning this matter	r to the following:
		Matthew Hicks	
			Name of Person
			Firm/Company
		521 Tripoli Street	
			Address
		Pittsburgh, PA 15212	
			City/State and Zip Code
		matthicks024@gmail.com	Name of Person Finn/Company Tet Address 15212 City/State and Zip Code gmail.com all address: (to be used for future annual report notification) Er, please call: at (212
For fur	ther informati	ion concerning this matter, please of	
	ew Hicks		212 428-5486
	Na	une of Person	Area Code Daytime Telephone Number
Enclos	ed is a check	for the following amount:	
■ \$2	5.00 Filing Fo	ee	Certified Copy Certificate of Status & Certified Copy
	Division (P.O. Box	ion Section of Corporations	Registration Section

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AXO Sunshine, 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 February 12, 2021 ____ and assigned Florida document number $\frac{1.21000074337}{1.000074337}$ 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 "L.L.C." 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: Janssen, Siracusa & Keegan PLLC Name of New Registered Agent: 120 S. Olive Avenue, Suite 504 New Registered Office Address: Enter Florida street address West Palm Beach City (Z) 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>		Address	:	Type of Action
					_ □Add
					_ □Remove
					_ □Change
					_ □Add
					_ □Remove
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If amen	ding any other information, en	iter change(s) bere: (Al	tach additional sheets, if neces	ssary.)
				
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P. F. Continu	e date, if other than the date o	f filing:	(optio	noi\
fan effec <u>Note:</u> If	tive date is listed, the date must be speced the date inserted in this block doent's effective date on the Department.	cific and connot be prior to date as not meet the applicable s	of filing or more than 90 days after	filing.) Pursuant to 605.0207 (3)
record:	specifies a delayed effective date, b	but not an effective time, a	t 12:01 a.m. on the earlier of: (b)	; •
Dated _	March 15	2021		MAR 19
<i></i>	7	Matthew Hich	^	A M
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	Signatu	at all a limitings of additional		57

Filing Fee: \$25.00