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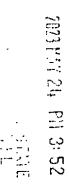
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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: Sug	shine Gulf H	olding 8 UC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	idence concerning this matter	to the following:	
	William	A Teutsch Name of Person	
	Sunshine	Gut Holding (LC
		PC CG CLA Address	
	Fort myer	S BOGOL F 3.3 City/State and Zip Code Le grand Com to be used for future annual report notifi	931 5
	Tollane?	to be used for future annual report notifi	ontion)
For further information co	ncerning this matter, please co		 မှာ (မှာ
Willam A Name of	Teutsuh Person	at (239) 770. Area Code Daytime	−OS33 Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	C \$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 Services of Corporation of Corporation (P.O. Box 6327)	ection orporations	Street Address: Registration Sectorision of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Gulf Hold	lings, Ll					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as a now appear: Liability Company)	on our records.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000160382</u> .	y were filed on <u>M</u>	aven 7, 2023 and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lial	bility company he	<u>ге</u> :				
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the do	signation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		702				
(Principal office address MUST BE A STREET ADDRESS)						
		2				
		P				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the name of the new registered</u>				
Name of New Registered Agent:						
New Registered Office Address:	r r					
	Enter Florida street address					
	City	, Florida Zip Code				
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	·				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of a provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is				
If Cha	inging Registered Age	nt, 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
m6R	Tracy L Teutsch	11491 Rebecca Cir Forthyers Bas FT 33931	<u>CL</u> DXAdd
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			□Change
MOR	William L Teutsch	11491 Rabecca cia Fortingers Bea	a □Add 93 (
			🔀 Remove
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