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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration S Division of Co | | | |
|---|---|---|--|
| RAY OF S | SUNSHINE, LLC | * | |
| SUBJECT: | SUNSHINE, LLC Name of Lit | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matte | r to the following: | |
| | VIERA VORASARN | | |
| | | Name of Person | |
| | RAY OF SUNSHINE, LL | .c | |
| | | Firm/Company | |
| | 1701 41ST ST NORTH | | |
| | | Address | |
| | ST PETERSBURG, FL 3, | 3713 | |
| | | City/State and Zip Code | |
| | VIERA@HADLEYPROPE | | |
| For further information c | E-mail address; concerning this matter, please c | (to be used for future annual report not call: | ufication) |
| VIERA VORASARN | · | 727 6489802 | |
| Name c | of Person | at ()Area Code Daytin | ne Telephone Number |
| Enclosed is a check for t | he 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) |
| <u>Mailing Addres</u> Registration 9 | | <u>Street Address:</u> Registration Se | vetion |
| Division of C | Corporations | Division of Co | |
| P.O. Box 632 | | The Centre of 1 | Fallahassee |
| Tallahassee, l | FL 52314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lir | nited Liability Company as it now ap (A Florida Limited Liability Compar | pears on our records.) (y) | ~ |
|---|---|---------------------------------------|----------------------------------|
| The Articles of Organization for this Limited Florida document number 1.21000224110 | Liability Company were filed on | MAY 13, 2021 | and assigned |
| This amendment is submitted to amend the fo | llowing: | | |
| 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," t | ne designation "LLC" or the abbres | viation "L.L.C." |
| Enter new principal offices address, if appl | icable: | | |
| Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE | E BOX) | | |
| | | - | |
| 3. If amending the registered agent and/or | registered office address on on | r records enter the name of | the now real |
| gent and/or the new registered office addr | ess here: | erecordat <u>ener the name of</u> | the new regi |
| Name of New Registered Agent: | VIERA VORASARN | | : : |
| New Registered Office Address: | 1701 41ST ST N | | |
| | Enter I | Florida street address, Florida 33713 | 1 m m 1 m m 1 m m 1 m m |
| | ST PETERSBURG | Florida 33713 | |
| | City | 7 | ap Code 55" |

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 |
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| Effective date, if other than the | v data af filian (): | 5/28/2021 | | , N | |
| Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the L | st be specific and cam lock does not meet | the applicable state | filing or more than utory filing requir | ements, this date w | Pursuant to 605,0207 (fill not be listed as t |
| record specifies a delayed effective | re date, but not an e | ffective time, at 12 | 2:01 a.m. on the e | arlier of: (b) The | 90th day after the |
| d is filed. | | | | | |
| rd is filed. Dated MAY 28TH | |)21 | | | |
| d is filed. | | M. | | | |
| d is filed. | Mu | 121 Out of authorized repr | resentative of a mer | nber | |

Filing Fee: \$25.00