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TO:

TO: Registration Se Division of Cor			
SUBJECT:	C Sunshir	e Jeaning S	ervices, LL
	Name of Lin	med Liabinity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Guerby	Sobriel Name of Person	
		Firm/Company	
	8749 Willia	m Sharkey St Ad	t308
	_ORlando	FI 32-818	
	Gobre Guar E-mail address:	Ly 30 gmail . Com to begised for thour annual report noti	fication)
For further information c	oncerning this matter, please c	nent and fee(s) are submitted for filing. concerning this matter to the following: Gueby (State) Name of Person	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S			ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632			
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(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 Cor	mpany were filed on <u>05</u>	5/24/2021	and assigned
Florida document number () 1000 24 164		. , .	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	<u>:</u>	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the desi	gnation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
B. If amending the registered agent and/or registered o	office address on our rec	ords, <u>enter the name o</u>	f the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:		 	
New Registered Office Address:			
	Enter Florido	a street address	
		, Florida	Zip Code
	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 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
MGR	Guerby (sabue)	8749 Williamsharker stapes of orlando F1328	18 18
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Renюve
			🗆 Change
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(If an effe Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated	2/3/2022.
	Signature of a member or authorized representative of a member
	Colestin Marie Hickole Typed or printed name of signee

Filing Fee: \$25.00