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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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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUNSHINE ELECTRICAL SERVICES OF TAMPA, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: HERLYN I GALDAMEZ ALFARO Name of Person SUNSHINE ELECTRICAL SERVICES OF TAMPA, LLC Firm/Company 703 CAPE COD CIRCLE Address VALRICO, FL 33594 City/State and Zip Code GTSservices1317@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ERLYN I GALDAMEZ ALFARO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SUNSHINE ELECTRICAL SERVICES OF TAMPA, LLC

2022 APR -5 PH 3: 13

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our recordiability Company)	MALL SSEE, FL
	May 26, 2021	
The Articles of Organization for this Limited Liability Company	were filed on Way 20, 2021	and assigned
Florida document number <u>L21000246293</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
SUNSHINE SERVICES OF TAMPA LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, <u>enter</u>	the name of the new registered
New Registered Office Address:		<u> </u>
	Enter Florida street addres	s.s
	, FI	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publical being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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>	Name	Address	Type of Action
·			□ Add
			□Remove
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effective date is listed, the date must te: If the date inserted in this blooment's effective date on the Do	t be specific and cannot be prior ock does not meet the applic	able statutory filing r	than 90 days after filing.) Pursua	int to 605,0201 of be listed as
cord specifies a delayed effectiv s filed.	date, but not an effective t	ime, at 12:01 a.m. on	the earlier of: (b) The 90th	day after the
March 30th	2022		$\mathcal{D}(\mathcal{O})$	
	Hestind	Calda	se Alfar	0
/	Signature of a member of auth	orized representative of	a member	
	1	/		