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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Sunshine R	estoration of Florida LLC		
		Name of Lin	ited Liability 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:	
		Jenny C.		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		336 E College Ave, Ste 30)1	Code 1
			Address	
		Tallahassee, FL 32301		
		•	City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report not	ification)
For further in	formation c	oncerning this matter, please c	all:	
Jenny C.			844 493-6249	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
≡ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	ling Addres		Street Address:	
	gistration S	Section orporations	-	
	Box 632	-	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Restoration of Florida 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 $\frac{06/24/2021}{1}$ and assigned Florida document number $\underline{1.21000293478}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sunshine Restoration LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 both 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 [1] 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	\mathbf{Member}

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
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ective date, if other than the da	te of filing:		(optional)	
ective date, if other than the da effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be prior t	o date of filing or more th	ian 90 days after filing.) Purs	uant to 605,02
sument's effective date on the Depa		ene statutery ming tesq	anements, this date will t	ior de fisica
cord specifies a delayed effective da s filed.	ate, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90tl	i day after th
ed October 18	2022	_ ·		
/s/ Richard A Chandler				
		ized representative of a		

Filing Fee: \$25.00