9/6/23, 11:43 AM

Division of Corporations

Request 240



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Division of Corporations

fax Number : (850)617-6383

From:

Account Name : I & G ACCOUNTING SERVICES PA

Account Number : 120230000009

Phone

: (407)914-0364

Fax Number

: (407)514-0364

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Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.R. RECYCLE LLC

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SEP 19 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

J.R. RECYCLE LLC		<u> </u>	
(Name of the Lim	ted Liability Comps (A Florida Limited)	ny as it now appears on our reco Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Library Corida document number £L2100036489	iability Company	were filed on	and assigned
his amendment is submitted to amend the fol			
L. If amending name, enter the new name	of the limited liab	ility company here:	
Sunshine Auto Solution LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if appli	cable:	3765 Aurantia ed Mims Flori	
(Principal office address MUST BE A STREET ADDRESS)			.99
inter new mailing address, if applicable:		3765 Aurantia rd Mims Flori	ida 32754 Unit 116
(Mailing address MAY BE A POST OFFICE BOX)			
			Ω.
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our records, <u>ent</u>	er the name of the new register
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street add	iress
		· · · · · · · · · · · · · · · · · · ·	Florida
		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 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

Title	<u>Name</u>	Address	Type of Action
			☐Add
			□Remove
			☐ Change
			□Add
			П Remove
			□Add
			☐ Remove
			☐ Change
			Add
			□Remove
			☐ Change
			[]Remove
			Change
			🗀 Add
			□Remove
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D.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
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-	
,	
Note	ctive date, if other than the date of filing: [fective 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 [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
e rec rd is	ord 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 filed.
Date	Scptember 09 2023
	Signature of a member or authorized representative of a member
	Javier A Rivers