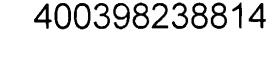
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| ecial Instructions to | Filing Officer: | |
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Office Use Only



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17/7/2022

COVER LETTER

| Division of Corpora | ations | | |
|--|---|---|---|
| SUBJECT: Sun | Shine resc | reens uc | |
| | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of Ame | endment and fee(s) are sub | mitted for filing. | |
| Please return all corresponder | ace concerning this matter | to the following: | |
| _ | Raymond | Hurlin Patter Name of Person | rocalk |
| - | Sunstine | | <u> </u> |
| - | 8927 13 | olton ave | |
| · - | | City/State and Zip Code | v |
| - | E-mail address: (0 | to be used for future annual report notific | ation) |
| For further information conce | rning this matter, please ca | all: | |
| Caymond Hur | lin Patterso | Area Code Daytime T | 458 |
| Name of Pers | on | Area Code Daytime T | 'elephone Number |
| Enclosed is a check for the fol | Howing amount: | | |
| \$25.00 Filing Fcc □ | \$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) |
| Mailing Address: Registration Secti | on | Street Address: Registration Secti | on |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

| Sunstine RE | screens | درد | 2022 DEC -7 PM 1: 10 |
|--|---|-------------------------------|---|
| (<u>Name of the Limited L</u> (A I | iability Company as lorida Limited Liabilit | it now appears ty Company) | SECHETARY OF STATE TALLAHASSEE, FL and assigned |
| The Articles of Organization for this Limited Liabil | lity Company were | filed on 12 | 10412021 and assigned |
| Florida document number <u>C21000 5153</u> | 388 | | |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, <u>enter the new name of the</u> | e limited liability o | company her | <u>e</u> : |
| The new name must be distinguishable and contain the words | "Limited Liability Co | mpany," the des | ignation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | | |
| Principal office address MUST BE A STREET A | DDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BO. | <u>xy</u> | | |
| | | | |
| B. If amending the registered agent and/or regisngent and/or the new registered office address here. | | ess on our rec | ords, enter the name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | Enter Floric | a street address |
| | | | |
| _ | | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Regi | stered 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 = A $Title$ | Authorized Member | Addross | Type of Action |
|------------------|-------------------------------|---------------------------------------|----------------|
| | <u>Name</u> | Address | Type of Action |
| mgr | gr Holly mchayla Patterson | Hudson F1 34667 | □Add |
| | 100 (100 01) | Hudson F1 34667 | □Remove |
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| ective | date, if other than the date of filing: (optional) | |
| effect | we 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 60 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list |)5,021 sted : |
| umen | i's effective date on the Department of State's records. | neu e |
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| cord s s filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after | er th |
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| ed \ | 2 107 202 | |
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| | Signature of a member or authorized representative of a member | |
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