L22000023316

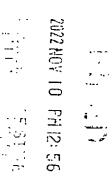
(Re	questor's Name)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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A. BUTLER

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COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT: <u>S</u>	Unshine Shaps CO Name of Lin	LLC nited Liability Company	
l'he en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Lauren	DIANGILO Name of Person	
		sunshir	Pirm/Company	
			Seck C+ Address	
			City/State and Zip Code	
		E-mail address: (ngelo @gmail. to be used for future annual report	notification)
or fur	ther information	concerning this matter, please c		
La	UIEA DAF Name	of Person	at (<u>239</u>) <u>& [</u> Da) - 1139 ytime Telephone Number
Enclose	ed is a check for t	he following amount:		
⊠ \$2:	5.00 Filing Fee	☐ \$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 Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF	ORGANIZATION	· .
	OF	
SUASHIAL SHO((Name of the Limited Liability Com) (A Florida Limited	DS (O) LLC	2022 NOV 10 Fit. 12: 56
(A Fiorida Limited	i Ciaomiy Company)	FST.
The Articles of Organization for this Limited Liability Compan	y were filed on $1/10$	and assigned
Florida document number <u>L22000023316</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
SUASHIAR CAPS CO LLC The new name must be distinguishable and contain the words "Limited Lial	-	
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	same	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>	Same	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records	, enter the name of the new regist
Name of New Registered Agent:	NA	
New Registered Office Address:	N N Enter Florida stree	et address
		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 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
 	NIA		🗆 Add
			□Remove
			□Change
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			□Remove
			□ Change

Page 2 of 3

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
Note: If the	late, if other than the date of filing:
the record) The 90t	specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of h day after the record is filed.
Dated	November 5. 2022.
-	November 5, 2022. Zimm Duancy Lot Signature of a member or authorized representative of a member
	Lauren Dearngelo Typed or printed Jame of signee