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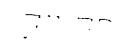
TO: Registration So Division of Con				
GB & CAC	C SUNSHINE CORP			•
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·	_ • •
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	GIUSEPPE MONTALBA	NO		
		Name of Person		
		Firm/Company		
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		Address		
	FT. LAUDERDALE, FL 3	33312		
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	jmontalbano@advertekprint	ting.com to be used for future annual r	anget notification)	
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Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Cerosed) Cer	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Mailing Addres		Street Ad		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



27,4015 消毒:

GB & CAC SUNSHINE CORP

(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 $\frac{01/27/2022}{1}$ __ and assigned Florida document number L22000049552 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: **GB & CAC SUNSHINE LLC** The new name must be distinguishable and contain the words "Limited Liability 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) 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 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.

Cin

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
			□Change
			□Add
			□Remove
			Change
			□Add
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			☐ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	Sino data if when the call the first 01/27/2022	
E. Effec	fective date, if other than the date of filing: (optional) 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 (
rvote.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.	3)(b) 10
If the reco	rd 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 led.	
	FEBRUARY 10TH CO. 2022	
Dated	FEBRUARY 10TH 2022	
	γh_a	
	Signature of a member or authorized representative of a member	

Typed or printed name of signee