Florfida Department of State

Division of Corporations

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Registration Section Division of Corporations

TO:

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COVER LETTER

SUBJECT:		SYSTEMS LLC	
SOBJECT:	Name of Lim	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:	
	LOVETTE DÖBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
Address			
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO		
		to be used for future annual report	notification)
For further information c	oncerning this matter, please of	all:	
LOVETTE DOBSON		1 8884623	
Name o	of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	he following amount:		
黨 \$25.00 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	: <u>s:</u>	Street Address	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

10/10/2022 09:40:53 CDT

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

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TALLAHASSEE FLOORS

KO DOOR SYSTEMS LLC

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(<u>Name of the Limited Lin</u> (A FI	ability Company as it now appears on ou onda Limited Liability Company)	r records.)	- Mastrifichio
The Articles of Organization for this Limited Liabili Florida document number 1.22000282646		2	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
SUNSHINE TECH SALES LLC			
The new name must be distinguishable and contain the words."	"Limited Liability Company," the designati	on "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicables	:		
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX			
		, <u>enter the</u> nam	e of the new registered
agent and/or the new registered office address he Name of New Registered Agent:	<u>re</u> :		e of the new registered
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent: New Registered Office Address:		DE AVE	e of the new registered
agent and/or the new registered office address he Name of New Registered Agent:	<u>re:</u> 476 RIVERSI	DE AVE et addresss	

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:

3)))

_____ □Remove

____ □Change

MGR = M AMBR = A	lanager authorized Member		(((H22000343457)
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add O
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record specifies a delayed effective is filed.	date, but not an effective time, at 12:01 a.m. or	n the earlier of: (b) The 90th day after the
OCTOBER 06	2022	
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	Nickolas Pippins	
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