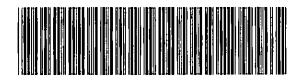
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COVER LETTER

	Registration Se Division of Cor		•	
end iev	Sunshine R	E Capital 1 , LLC	•	
SUBJEC	.1;	Name of Lim	ited Liability Company	
The enclo	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
		ndence concerning this matter		
		Tony Guarino		
			Name of Person	
		Sunshine RE	Capital I, LLC	
		3898 27th Ave SW		
			Address	
		Naples, Florida 34117		
		tguarinoiv@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For furth	er information e	oncerning this matter, please ca	all:	
Tony Gu	arino		239 896-2268 at ()	
<u>.</u>	Name of	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
	registration 3	,	Registration be	

Division of Corporations

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

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

The ED

Sunshine RE Capital I, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

	vere filed on 7/13/22	<u>.</u>	and assigned
Florida document number L22000312042			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
Your Property Solutions Group, LLC			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designa	tion "LLC" or the ab	obreviation "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 ac agent and/or the new registered office address here:	idress on our record	ls, <u>enter the nam</u>	ie of the new registered
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here: Name of New Registered Agent:	idress on our record	ls, <u>enter the nam</u>	ie of the new registered
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agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida str	veet address	ie of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida str	veet address	

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	
AMRR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
	waking of the state of the stat		□Add
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			□Remove
			□Change

Effec	tive date, if other than the date of filing: (optional)
lf an ei <u>Note:</u>	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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the date on the Department of State's records.
e reco rd is t	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 thiled.
Datec	8/18/22
	Signature of a member or authorized representative of a member
	in the state of th
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Filing Fee: \$25.00