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| (Requ | uestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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August 24, 2022

BUSINESS SOLUTIONS 360, LLC 555 POWERLINE ROAD, SUITE #3 POMPANO BEACH, FL 33069

SUBJECT: SUNSHINE SOLAR PANELS, LLC

Ref. Number: L22000325248

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return the check together with the appropriate document for processing.

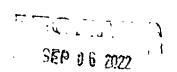
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 822A00018887

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUNSHINE SOLAR PANELS LLC | |
|---|----------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Funit of Flability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 07/22/2022 Florida document number L22000325248 | _ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| The new name must be distinguishable and contain the words "I mined Liability Company," the designation "LLC" or the abbre Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | eviation "L.L.C." |
| Enter new mailing address, if applicable: | 2 SEP -I |
| (Mailing address MAY BE A POST OFFICE BON) | ν |
| B. If amending the registered agent and/or registered office address on our records, enter the name of agent and/or the new registered office address here: | of the new registere |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street aidress | |
| Florida | |

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.

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If amending Authorized Person(s) authorized to manage, <u>cuter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-----------------------------------|--|
| AR | LISA KINSEY | 2103 ORLEANS DRIVE | 🗀 Add |
| | | FALLAHASSEE, FL 32308 | ■Remove |
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| AR | JEYQUES DAVIS | 2103 ORLFANS DRIVE | ≅ Add |
| | | TALLAHASSEE, FL 32308 | |
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