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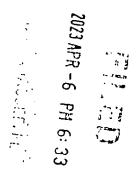
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S. FRANCLIN

COVER LETTER

Division of Corporations Sunshine State Removal & Hauling Services, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Cesar Hurtado Name of Person Sunshine State Removal & Hauling Services, LLC Firm/Company 1332 SW 151st Ave Address Sunrise, Florida 33326 City/State and Zip Code info@sunshineremoval.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cesar Hurtado Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & **■** \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine State Removal & Hauling Services, LLC

(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	vere filed on 09/16/2022 and assigned
Florida document number L22000404820	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Sunshine State Junk Removal, LLC	Po
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	S T
(Principal office address MUST BE A STREET ADDRESS)	The fair
	<u></u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here: Name of New Registered Agent:	Idress on our records, enter the name of the new registered
Nam Panistared Office Address.	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605/F.S. Or, if this document is
If Chang	ing 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
<u></u>		/	/ □Add
			□Remove
			□Change
			CRemove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applic	cable statutory filing requ	(optional) an 90 days after filing.) Pursuant to airements, this date will not be	o 605,0207 e listed as
e record specifies a delayed effectived is filed.	e date, but not an effective t	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th day	after the
Ontack March 31st	2023			
Dated	7/1/1/1	·		
	left of fullo			_
 - -	Signature of a member or auth		nember	
	Sar M. Typed or print			