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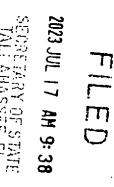
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COVER LETTER

| TO: | Registration Se Division of Cor | | , | tu. |
|---------------------------------------|------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| CUBIC | SUNLIGH | T VENDING MACHINES LL | .c | |
| SUBJE | ECT: | Name of Lin | nited Liability Company | |
| The en | closed Articles of | Amendment and fee(s) are sub | unitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | JALEN CLYBURN | | |
| | | | Name of Person | <u></u> |
| | | SUNLIGHT VENDING A | MACHINES LLC | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | · · · · · · · · · |
| | 3420 PINEWALK DR N. APT 718 | | | |
| | | | Address | ···· |
| | | MARGATE, FL 33063 | | |
| | | | City/State and Zip Code | |
| | | SUNLIGHTVENDINGMA | - | |
| | | E-mail address; (| to be used for future annual report not | ification) |
| For fur | ther information c | concerning this matter, please e | all: | |
| JALE | N CLYBURN | | 573 433-4719 at() | |
| | Name o | f Person | Area Code Daytin | ne Telephone Number |
| Encios | ed is a check for t | he following amount: | | |
| ₩ 32 | 3.00 Filing Feu | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Section | | <u>Street Address:</u> Registration Se | ection | |
| | Division of C | Corporations | Division of Co | rporations |
| | P.O. Box 632 | | The Centre of 7 | |
| | P.O. Box 632 Tallahassee, | | | Fallahassee oc Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUNLIGHT VENDING MACHINES LLC | | = | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------|------------------|
| (Name of the Limited Liability Compar (A Florida Limited L | ny as it now appears on our pability Company) | records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on 10/21/2022 | | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | | |
| SOL MULTI SERVICES LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation | n "LLC" or the abbrev | riation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | | | 7023 |
| | | F- 30 | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | S | |
| | | | |
| | | | - |
| | ddress on our records. | enter the name of | the new register |
| agent antibot the new registered blive address here. | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida street address | | |
| | | , Florida | |
| | City | 2 | Zip Code |
| A. If amending name, enter the new name of the limited liability company here: SOL MULTI SERVICES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 flew registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | | | |

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 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

j::

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------|----------------|----------------|
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| Signature of a member or authorized representative of a member | ated 7/13/2023 | , 2:53pm | <u>.</u> . | | |
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Filing Fee: \$25.00