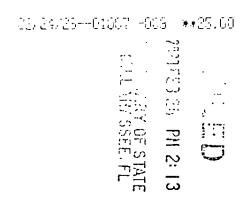
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COVER LETTER

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SUBJEC		unset Cust	om Solutions LLC			
SUBJEC	.1:		Name of Lim	ited Liability Company		
The enclo	osed A	articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn al	Leorrespo	ndence concerning this matter	to the following:		
			Francisco Levi Flores			
				Name of Person		
			Sunset Custom Solutions I	.LC	173	Çaj
				Firm/Company		
			3228 Geneva Road		(1) (2) (2) (2)	923 FEB 24 PM 2: 1
				Address		_o []
			Venice, FL 34293		الله الله الله	ÿ □
			leviflores777@gmail.com	City/State and Zip Code	<u> </u>	$\overline{\omega}$
				to be used for future annual report noti	ification)	
For furthe	er into	rmation co	oncerning this matter, please ca	аН:		
Francisco	o Levi	Flores		720 936-9483		
	_	Name of	Person		te Telephone Number	
Enclosed	is a cl	heck for th	e following amount:			
■ \$25.0	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Status & y
]]]	Regis Divis P.O. I	Box 632	ection orporations	Street Address: Registration Sco Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunset Custom Solutions LLC	'•			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on a Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L22000525585</u>	Company were filed on 12/15/2	022	and assig	med
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designa	ation "LLC" or the abbrevia	tion "L.L.	C."
Enter new principal offices address, if applicable:			25.1	
(Principal office address MUST BE A STREET ADDR	RESS)		رت دین	
	 		<u> (3</u>	s
			<u>15.</u> 153	.a
Enter new mailing address, if applicable:			P:	[1]
(Mailing address MAY BE A POST OFFICE BOX)		(Time)	1 2	
		FL		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our record	is, <u>enter the name of t</u>	he new r	registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida str	eet address	 	
		, Florida		
	City	Ziţ	Code	

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.

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francisco Levi Flores	3228 GENEVA ROAD VENICE, FL 34293	□Add
			□Remove
			= Change
***************************************			□Add
			□Remove
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ctive	date, if other tha	n the date of	filing				(ont	tional)		
cffecti	ive date is listed, the dr	ate must be speci	fic and cann	ot be prior to	date of filin	g or more tha	n 90 days aft	er filing.) P	ursuant	to 605.020
iment	the date inserted in the task of the task	the Departmen	nt of State	me applica s records.	DIE STAILLION	y ming requ	irements, u	iis date w	III ROI O	e nstea a
ord sp filed.	pecifies a delayed e	ffective date, b	ut not an e	ffective tin	ne, at 12:01	a.m. on the	earlier of:	(b) The	Oth day	y after th
ed	2/17/2023		 ·							
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Fiting Fee: \$25.00