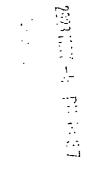
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(Re	equestor's Name)	
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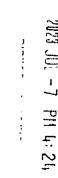
Office Use Only



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COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Sunshir	re UAS LLC	
<u></u>		ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Ratuel Tel	Posca Name of Person	
		Name of Person	
	Sun	Ishine UAS LCC	
	-	Firm/Company	
	124 Brya	M Cau rd Address	
		Address	~~
	Com Ducar	una fl 3011a	(T)
	300171 00011	City/State and Zip Code	
	SUNSHING-VA	ts & gmail · (om) be used for future annual report notif	1
	E-mail address: (to	be used for future annual report notif	ication) -n
For further information e	oncerning this matter, please cal		ication)
Ratuel Te	Jeda Susq	at (407) 800	2101
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Sec Division of Corp	
P.O. Box 632	-	The Centre of Ta	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine 1	JAS LLC	
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on or ted Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000 IA863</u> .	any were filed on OIO	6 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		7.5.5.5.
(Mailing address MAY BE A POST OFFICE BOX)		-:
o te e e o e e e e e e e e e e e e e e e		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records	. enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stret	u address
		, Florida
	City	Zip 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 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

Title	<u>Name</u>	Address	Type of Action
H _B	Rocky Samples	12 le Bryan Courd	□Add
		Swm Daylona, fl	Remove
		32119	□Change
			□ Add
			□Remove
			□Change
			_ _ ⊒ু □Add
			☐ Add ☐ Remove
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tellective date is	ilisted, the date inserted in th	the date of the must be specific block does the Department	ic and canno not meet t	ot be prior to he applicab	date of filing	or more than	(opti 90 days after cements, thi	Tiling.) Pu	rsuant to 605.020 I not be listed :
cord specifies filed.	a delayed effo	ective date, bu	t not an ef	fective time	e, at 12:01	a.m. on the e	arlier of: (b) The 90	th day after th
ed	07	Signature	7	<u>023</u>	E				
									

., . . .

Filing Fee: \$25.00