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COVER LETTER

TO:	Registration Se Division of Cor		1	. 1
SUBJE		pwell Coaching, LLC		
50Da1.		Name of Lin	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please:	return all correspo	ondence concerning this matter	to the following:	
		Natasha Hipwell		
			Name of Person	
		Sun Source Supply, LLC		
			Firm/Company	
		1984 Paron St		
			Address	
		Naples/FL, 34120		
		bhipwell18@gmail.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For fur	ther information c	oncerning this matter, please c	all:	
Brando	n Hipwell		239 404-8418 at()	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy fadditional copy is enclosed
	\$4 ·2· A 3 4		0	

Mailing Address:

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

Natasha Hipwell Coaching, LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/09/2023	and assigned
Plorida document number L23000073965		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Sun Source Supply, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1984 Parson St, Naples, FL, 34120	
Principal office address MUST BE A STREET ADDRESS)		
		1
		7:
Enter new mailing address, if applicable:		منن
Mailing address MAY BE A POST OFFICE BOX)		- :
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		·
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida _	
	City	Zio 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>	<u>Address</u>	Type of Action
AMBR	Brandon Hi pwell	1984 Parson St. Naples, FL, 34120	= Add
			□Remove
			□ Change
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			□Remove
			☐ Change

Page 2 of 3

(If an e <u>Note</u> :	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	February 15th 2024
	Signature of a member of authorized representative of a member
	Natasha Hipwell
	Typed or printed name of signee