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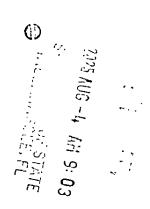
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COVER LETTER

TO:	Registration Se Division of Cor		1	
	Sunray Ren	ituls LLC		
SUBJE	СТ: <u></u>		ited Liability Company	
		Amendment and fee(s) are sub	-	
		Blake Pendzimas		
			Name of Person	
		Suaray Rentals LLC		
			Firm/Company	
		28117 Polk St NE		
			Address	
		Isanti, MN 55040		
			City/State and Zip Code	
		sales@opmetals.us	to be used for future annual report notif	ientian
For forth	er information c	oncerning this matter, please co		
	endzimas	cineting and maner, picuse co	763 496-9164	
	Name o	f Person	at () Area Code — Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
≅ \$25	.00 Filing Fee	Ei \$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 (additional copy is enclosed)
	Mailing Addres Registration S		<u>Street Address:</u> Registration Sec	tion

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314 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

Sunray Rentals 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 were filed on 5/8/2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Cuv

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

Title	<u>Name</u>	Address	Type of Action
AMBR	Ted Uden	11951 45th Circle NE	
		St. Michael, MN 55376	■Remove
			□Add
			□Remove
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Filing Fee: \$25.00