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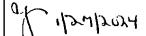
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COVER LETTER

TO: Registration S Division of Co		^	en e
SURJECT:	Sunfu	SFTL LIC	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	6	REG Aument Name of Person	
		Firm/Company	
	P.o. Bo	2251 Address	
		OERDALE, FL 3 City/State and Zip Code	
	E-mail address: (TL @ 9MAIL. CO to be used for future annual report not	fication)
For further information	concerning this matter, please o	all;	
GRE Name	6 AUMENT	at (<u>\$50</u>) 32 Area Code Daytin	P. 4 - 4845 ne Telephone Number
Enclosed is a check for t	the following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	
Mailing Addre	<u>ss:</u>	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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

(Name of the Limited Liability Company (A Florida Limited Lia	Y as it now appears on our records.)
(A Florida Limited Lie	ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on 96/14/2023 and assigned
Tiona document matrices	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1733 NE 5TH ST.
(Principal office address MUST BE A STREET ADDRESS)	FT. LAUDERDALE, FL 33301
Enter new mailing address, if applicable:	P.o. Box 2251
(Mailing address MAY BE A POST OFFICE BOX)	FT. LAUDERDALE, FL
	333 03
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	El. 24.
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JEFFERY A. MORCROFT	1314 E. LAS OLAS BLVD.	□Add
		P.O. Box 633	∕≥ Remove
		FT. LAUDERDALE, FL 33301	□Change
MGR_	RONALD KIRSTEIN	1818 NE 48TH CT.	Z X Add
		POMPANO BEACH, FL	Remove
		33064	/ □Change
			□Add
			Петюче
			□Change
			□ Add
			□Remove
			□ Change
			🗆 Add
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			□Add
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	N/A
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(If an e Note	effective date, if other than the date of filing: OCTOBER 10, 2023 (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 1 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	DECEMBER 15 2023
	P Ps-
	Signature of a member or authorized representative of a member
	GREG AUMENT Typed or printed name of signee