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COVER LETTER

TO: Registration S Division of Co		,	
SUBJECT:Suc	1 Shine Solutions Name of Lin	Remodeling and I	Pepair 11c
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Charles	Sm.#h Name of Person	
		intions Remodeling and Firm Company	_Repair_
		Address Address	
	E-mail address: (to be used for future annual report nor	utication)
For further information (concerning this matter, please c	all:	
Charles San	LL of Person	at (850) 4/9-6 Area Code Daytin	799 ne Telephone Number
Enclosed is a check for t	he following amount:		
¥\$25.00 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 (additional copy is enclosed)

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

Sunshine Sulotions Ron	nodeline and Refair 1/2 ny as it now appears on our records.) Liability Company)	<u>L</u>
(A Florida Limited I	nability Company)	:00
The Articles of Organization for this Limited Liability Company	were filed on 7-11-23	and assigned
Florida document number <u>L23coo 327/37</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	modeling and Repui	rle
The new name must be distinguishable and contain the words "Limited Liabil	ity Company. The designation "LEC or the	abbreviation "L.L.C.
Enter new principal offices address, if applicable:	_ <i>N</i> / / /	
(Principal office address MUST BE A STREET ADDRESS)		
	· · · · · ·	
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ime of the new registered
	11	
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	amer runtua sirva autress	
	, 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>	Name / / /	Address	Type of Action
			□Add
	/		
			□Change
			□Add
			□Remove
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Note: If the date insert	r than the date of filing:
he record specifies a dela ord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
Dated <u>F-/2-20</u>	14
	10/2/1
	Signature of a member or authorized representative of a member
	Charles f. South Typed or printed name of signee
-	Typed or printed name of signer

Filing Fee: \$25.00



August 12, 2024

CHARLES SMITH 748 KINGS LAKE RD DEFUNIAK SPRINGS, FL 32433

SUBJECT: SUNSHINE SOLUTIONS SERVICES, INC.

Ref. Number: P19000005486

We have received your document for SUNSHINE SOLUTIONS SERVICES, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 424A00017750

Anissa Butler Regulatory Specialist II

www.sunbiz.org

Division of Community - D.O. DOV (2007, Well-bosses, Ph. 11, 2001)