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COVER LETTER

TO: Registration Se Division of Cor						
SUBJECT:	Sunshine Cus	ton Pods LIC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Junior	DUNZalez Name of Person				
	7	Name of Person				
		Firm/Company				
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Guniar Au	nzalez	$\frac{239}{\text{Area Code}} = \frac{529}{\text{Daytim}}$	3-7543			
Name o	f Person	Area Code Daytim	e Telephone Number			
Enclosed is a check for the	ne following amount:					
✗ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addres	_	Street Address:				
Registration S		Registration Section				
Division of C P.O. Box 632		Division of Cor The Centre of T				
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810			

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Custom	Pools LLC
	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2400013447</u> .	where filed on $\frac{03/19/7074}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	ility Company," the designation "L.L.C." or the abbreviation "L.L.C." 4637 Vincennes Blud Vnit 2 Cape Coral TL 33904
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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>	Address	Type of Action
MGR	Yunior Gonzalez	1020 NW gin Pl	DAdd
		1020 NW 94 Pl Cape Coral 72 33993	□Remove
			□Change
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Effective date, if other than the date of filing: [an 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Tecord 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 dis filed. Dated JUNE 2154 Suprayrebia member or authorized representative of a member While Hondalez Typed or printed name of signee									
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