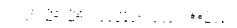


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Tallahassee, FL 32314

	Registration Se Division of Cor				
SUBJEC [*]		SHINE STATE LLC			
SUBJEC		Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ren	urn all correspo	ondence concerning this matter	to the following:		
		Michael Martell			
			Name of Person	1	
		One Sunshine State LLC			
			Firm/Company		
		122 NE 20th Court			
		Address			
		Cape Coral Florida 33909			
		_	City/State and Zip Code		
		constinc@hotmail.com	3		
For furthe	r information c	oncerning this matter, please c	to be used for future annual reposall;	or nonneation)	
Michael N	Martell		954 449-35		
	Name o	f Person	at () Area Code = 1	Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
≡ \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addres		Street Addr		
	Registration S Division of C		Registratio Division o	on Section f Corporations	
	P.O. Box 632			e of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE SUNSHINE STATE LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on March 25,2024	and assigned
Florida document number 1.24000143903		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2021
		Y 21
Enter new mailing address, if applicable:		2/2 <u>A III</u>
Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

- z z

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>	<u>Address</u>	Type of Action
AMBR	JULIANA MARTELL	122 NE 20TH COURT	⊡ Add
		CAPE CORAL FLORIDA 33909	≣Remove
			□ Add
			□Remove
			□Add
			□Remove
		 	
			□Remove
			[_]Change
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			□Add
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(If an effective date is Note: If the date i	other than the date of listed, the date must be spec- nserted in this block does we date on the Departme	ritic and cannot be prior to as not meet the applical	o date of filing or more ble statutory filing re	(optional) than 90 days after filing.) quirements, this date	Pursuant to 605.0207 (3 will not be listed as th
ne record specifies a ord is filed.	delayed effective date, b	out not an effective tin	ne, at 12:01 a.m. on t	he earlier of: (b) The	e 90th day after the
Dated MAY 22		2024			
	Mul	Mystell ic of a member or aluthor	ized representative of a	ı member	
1 C 1			,		
Michae ——	l Martell	Turned as notice to	I name of signee		· · · · · · · · · · · · · · · · · · ·

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Filing Fee: \$25.00