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		Division of Co	rporations	
		Fax Number	: (850)617-6383	VII 038 5707
	From:			7 U
		Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	-
	. <u></u>	Account Number	: 120000000145	
		Phone	: (305)444-4994	- 57
2:	늦짓은	Fax Number	: (305)328-4774	<u>ဟု</u>
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I~	**Enter t	the email address	s for this business entity to be used for	future
	anni	ual report maili	ings. Enter only one email address please.	** - = = = = = = = = = = = = = = = = = =
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSHINE AQUA ARTISANS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

M. SOLOMON

SEP 17 2024

To:

1.

Docusign Envelope ID: 56C5889B-9748-4689-8BBD-F2C38FFBE143

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION

AKTICLES OF	ORGANIZATION	·
·	OF '	•
SUNSHINE AQUA ARTISANS LLC		
(Name of the Limited Liability Con	npany as it now appears on or ed Liability Company)	r records.)
The Articles of Organization for this Limited Liability Compa	iny were filed on 05/21/202	and assigned
Florida document number 1.24000235935		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		AC
		7
Enter new mailing address, if applicable:		三
(Mailing address MAY BE A POST OFFICE BOX)		Sec R
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		- ZE 52
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here;	e address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Florida stree	t 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.

From: Yanet Avila

Docusign Envelope ID: 56C5889B-9748-4689-8BBD-F2C38FFBE143
II amending Authorized rerson(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

To.

<u>Title</u>	Name	Address	Type of Action
AMBR	ARMELIO PENA SANCHEZ	7230 SW 39TH ST	□Add
		MIAMI, FL 33155	□Remove
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From: Yanet Avila

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