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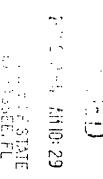
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COVER LETTER:

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Tallahassee, FL 32314

TO:

TO: Registration S Division of Co			
Sunshine !	State Prosperity Investments LL	(·	
SUBJECT:	Name of Lim	ited Liability Company	
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:	
	Hernando Silva		
	·	Name of Person	Ti \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Sunshine State Prosperity	Investments LLC	
		Firm/Company	
	10313 Slater Ave Nh		
		Address	
	Kirkland, WA, 98033		
		City State and Zip Code	
	sunshinestateprosperity invo		
		to be used for future annual report notif	fication)
For further information	concerning this matter, please c	aH:	
Hernando Silva		425 736-1217	
Name	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	₩ \$30.00 Filing Fee & Certificate of Status	12 \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Addre	Section	Street Address: Registration Sec	
P.O. Box 63	Corporations 27	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine State Prosperity Investments LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida United Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/17\cdot2024}{1}$ _____ and assigned Florida document number _ E24000361971 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ City

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
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