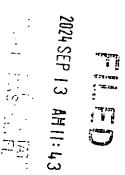
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COVER LETTER

	egistration Sec ivision of Corp				
emp reca		ONSTRUCTION SOLUTION	S LLC		
SUBJECT	:	Name of Limi	ted Liability Company		
The enclos	ed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	irn all correspoi	ndence concerning this matter	to the following:		
		WALTER BUT			_
			Name of Person		
	SUNSET CONSTRUCTION SOLUTIONS LLC Firm/Company 4660 NW 8th Dr. Address PLANTATION, FL 33317				2024 SEP 13 AMII: 43
	City/State and Zip Code SUNSETCONSTRUCTIONFL@GMAIL.COM				
		E-mail address: (to be used for future annual report	notification)	AM II
For further	r information co	oncerning this matter, please ca	ali:		- Pag : 5
VARINIA	BUT		954 799-139	98	
	Name of	l'Person		ytime Telephone Numbe	Г
Enclosed i	s a check for th	ne following amount:			
□ \$25.00	O Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &
R D	Lailing Addres Registration S Division of C 2.O. Box 632	Section orporations			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET CONSTRUCTION SOLUTIONS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	٠,٠
he Articles of Organization for this Limited Liability Company	were filed on 08/28/2024	and assigned
lorida document number L24000377503		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation, "L.L.C."
Inter new principal offices address, if applicable:		024 S
Principal office address MUST BE A STREET ADDRESS)		- FP
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter t</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flo	orida
	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
MBR	WALTER BUT	4660 NW 8th Dr. PLANTATION FL 33317	
			□Remove
			\(\exists \) Change
MBR	Kelsey But	4660 NW 8th Dr. PLANTATION FL 33317	□Add
			□Remove
			□Add
			□Remove
			Change
			2021-Xdd
			P GRemove GRemove Gehange
			□Remove
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Sote: If the date inserted in	an the date of filing: late must be specific and cannot be this block does not meet the ap the Department of State's rec	pplicable statutory filin	(option ore than 90 days after figure requirements, this of	ling.) Pursu	ant to 605.02 ot be listed a
record specifies a delayed e d is filed.	effective date, but not an effecti	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th	day after th
10/16/2024					
Dated			_		
Dated	Signature of a member or	Beth			

Filing Fee: \$25.00