## P050000 81234

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(City/State/Zip/Phone #)			
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R. WHITE

[54] [1] [5] [5]

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPO	ORATION: SUNSHINE NET	WORKS OF SOUTH FLOI	RIDA INC.		
DOCUMENT NUM	P05000081234				
The enclosed Article	es of Amendment and fee are su	bmitted for filing.			
Please return all con	respondence concerning this ma	itter to the following:			
	Sebastian Escapil				
		Name of Contact Person	1		
	SUNSHINE NETWORKS OF SOUTH FLORIDA				
		Firm/ Company			
	13248 NW 10 AVE				
		Address			
	MIAMI, FLORIDA, 33182				
	· · ·	City/ State and Zip Cod-	e		
	INFO@SUNSHINENETWO	DRKS.US			
	-	sed for future annual report	notification)		
For further informati	ion concerning this matter, pleas	se call: 786	264-6517		
Name	e of Contact Person		de & Daytime Telephone Number		
Enclosed is a check	for the following amount made	payable to the Florida Depa	artment of State:		
■ \$35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ailing Address		Address		
	mendment Section	Amendment Section			
	vision of Corporations  O. Box 6327		n of Corporations entre of Tallahassee		
	J. Box 6527 Jlahassee, FL 32314		N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation

of

Sumpine	<u>Netro</u>	us of South Floride Inc	
P05000081234	of Corporation as current	tly filed with the Florida Dept. of Star U 1.5 1: 48 1: 44	
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006. Florida Statutes, this	Florida Profit Corporation adopts the following amendment(s) to	
A. If amending name, enter the new na	ame of the corporation:		
SUNSHINE NETWORKS OF SOUTH	FLORIDA INC	The new	
"Inc.," or Co.," or the designation "C	Corp," "Inc," or "Co".	'company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word	
"chartered," "professional association," or the abbreviation "P.A."  B. Enter new principal office address, if applicable:		14839 NE 20 AVE	
(Principal office address MUST BE A S		MIAMI, FL 33181	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PO BOX 530763	
		MIAMI, FLORIDA, 33153	
D. If amending the registered agent an new registered agent and/or the new	w registered office addres		
Name of New Registered Agent	SEBASTIAN ESCAPIL		
	13248 NW 10 AVE		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	reet address)	
New Registered Office Address:	MIAMI, FLORIDA	, Florida 33182	
		(Zip Code)	
New Registered Agent's Signature, if c I hereby accept the appointment as regist		t: with and accept the obligations of the position.	
<del></del>	Signature of New I	Registered Agent, if changing	
Check if applicable  ☐ The amendment(s) is/are being filed p	ursuant to s. 607.0120 (11)	(e). F.S.	

If amending the Officers and/or Directors, enter the tille and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President;  $V = Vice\ President$ ; T = Treasurer; S = Secretary; D = Director; TR = Trustee;  $C = Chairman\ or\ Clerk$ ;  $CEO = Chief\ Executive\ Officer$ ;  $CFO = Chief\ Financial\ Officer$ . If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

## Example: John Doe X Change <u>PT</u> X Remove Mike Jones $\underline{X}$ Add <u>SV</u> Sally Smith Type of Action Title Address <u>Name</u> (Check One) CARLOS COCA 14839 NE 20 AVE 1) \_\_\_\_ Change MIAMI, FLORIDA, 33181 \_\_ Add Remove 2) \_\_\_\_ Change 💶 Remove 🗓 Change 🗓 Add Remove Change Add Remove Change Add Remove \Change Add Remove

ich additional sheets.	dditional Articles, enter if necessary). (Be specif	fic)		
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amendment provide	es for an exchange, recla	ssification, or cancellat	ion of issued shares,	
visions for implemer (if not applicable, ind	nting the amendment if n	ot contained in the amo	endment itself:	
у ил аррисале, па	nettic (11.11)			
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• •	5/8/2020		
The date of each amendment(s) addate this document was signed.	doption:		, if other than
	3/2019		
Effective date if applicable:	(no more than 90	) days after amendm	ent file date)
Note: If the date inserted in this b document's effective date on the De		able statutory filing	requirements, this date will not be listed as
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were ado action was not required.	pted by the incorporators, or b	ooard of directors wil	thout shareholder action and shareholder
☐ The amendment(s) was/were ado by the shareholders was/were su		number of votes cas	st for the amendment(s)
☐ The amendment(s) was/were app must be separately provided for			
"The number of votes cast	for the amendment(s) was/wer	e sufficient for appro	oval
by			
<u> </u>	(voting group)		<del></del> .
Dated C	5/8/2920	<del></del>	
Signature		<del></del>	·
	rector, president or other office		
	<ul> <li>by an incorporator – if in the ed fiduciary by that fiduciary</li> </ul>		trustee, or other court
uppoint	ed riddeliary by that riddeliary,	ŀ	
	SER	DAS TIAN	ESCAPIC
	(Typed or printed n	name of person signi	ng)
		Phos. Son	1
	(Title of person sig	ning)	

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