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TO: Amendment Section Division of Corporations

NAME OF CORE	ORATION: C & R SUNSHIN	'E INC	
DOCUMENT NU	MBER: P13000091823		
	les of Amendment and fee are su	abmitted for filing.	
Please return all co	rrespondence concerning this ma	atter to the following:	
	REBECCA A. ORTIZ		
		Name of Contact Person	n
	C & R SUNSHINE INC		
		Firm/ Company	
	9944 SW 154 PLACE		
		Address	
	MIAMLEL 33196		
	•	City/ State and Zip Cod	e
	RMEDERO27@GMAIL.CO	DΜ	
	E-mail address: (to be u	sed for future annual report	notification)
For further informa	ation concerning this matter, plea	ise catt.	
REBECCA A. OR	тіх	786) 859-9381 de & Daytime Telephone Number
Nar	ne of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a cheel	for the following amount made	payable to the Florida Dep	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

~	_		~ .	** ***		
	Α,	к	\ I	1//	HXF	1.50

C & K SUNSTINE INC					
(Name (of Corporation as curre	ntly filed with the Flor	ida Dept, of State)		
P13000091823					-
	(Document Numbe	r of Corporation (if kno	wn)		
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, th	nis Florida Profit Corpo	eration adopts the following	g amendr	nent(s) to
A. If amending name, enter the new m	ame of the corporation:				
SUNSHINE CCM SERVICES INC				The ne	
name must be distinguishable and contain "Inc.," or Co.," or the designation "C "chartered," "professional association,"	orp," "Inc," or "Co".	A professional corpo		n Corp.	." -
B. Enter new principal office address,	if applicable:	NA			
(Principal office address <u>MUST BE A S</u>		NA		20	
		NA		20 J	-11
C. Enter new mailing address, if appli (Mailing address MAY BE A POST)	NA	AHASSE AHASSE	N 21	122322 122322 122322 122322 122322 122322 12232	
. ,		NA	RPO F. F.	3	
		NA	1180 1180 1181	7: -	
D. If amending the registered agent an new registered agent and/or the new			r the name of the		-
Name of New Registered Agent	NA				•
	NA				
	(Florida	street address)			
New Registered Office Address:	NA		, Florida		
New Meginerett Vyper Hearting.		(City)	(Zip (ode)	-
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	hanging Registered Age ered agent. I am familia	ent: ir with and accept the o	bligations of the position		
	NA	· Registered Agent, if ch			
	Signature of New	Registered Agent, if ch	anging		
Check if applicable ☐ The amendment(s) is/are being filed pr	ursuant to s. 607.0120 (1	1) (e), F.S.			_

The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

If amending the Officers and/or Directors, enter the title 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)

Example:

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.

X Change	<u> 171</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		NA	
Add			
Remove 2)Change		NA	
Add			
Remove 3) Change		NA	
Add			
Remove 4) Change		NA	
Add			
Remove 5) Change		NA	
Add			
Remove 6) Change		N'A	
Add			
Remove			

Attach additional sheets, if necessary).	(Be specific)			
			 	
	 			
				
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			<u> </u>	
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		 -		
				-
<u>If an amendment provides for an ex</u> c	change, reclassificati	on, or cancellation	of issued shares,	
provisions for implementing the am	endment if not conta	tined in the amend	ment itself:	
(if not applicable, indicate NA)				
				
		 		

The date of each amendment(s) ad date this document was signed.	option:	, if other than the
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)	
	(no more than 90 days after amenament file date)	•
Note: If the date inserted in this blo document's effective date on the Dep	ock does not meet the applicable statutory filing requirements, this date vartment of State's records.	vill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suf	oted by the shareholders. The number of votes cast for the amendment(s) ficient for approval.	
	oved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast f	or the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
1/14/2020 Dated		
selected	ector, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court diductory by that fiductory)	
	REBECCA A.ORTIZ	
-	(Typed or printed name of person signing)	
	PRESIDENT	
-	(Title of person signing)	