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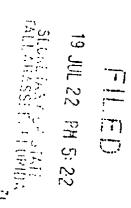
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Emily Name)
(Occurred Number)
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SUMLIME	Specialist Title Service Coxp			
DOCUMENT NUMBER: P19 0000 40510				
The enclosed Articles of Amendment and fee are sub-	omitted for filing.			
Please return all correspondence concerning this matt	ter to the following:			
Lean Carlos de 10 do Masaimento Name of Contact Person Sunshine Specialist title Survice Cost Firm/ Company 11246 Windtree Dr. E Address Lacksonville Fl. US 32257 City/ State and Zip Code Atendimento real services consulting com E-mail address: To be used for future annual report notification)				
For further information concerning this matter, please				
-	Put at (954) 673 49 65 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 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	Street Address Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment to

Articles of Incorporation

of

Sunshire Speci	ialist title service Corb
(Name of Corpo	ration as currently filed with the Florida Dept. of State)
)
(Do	ocument Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporation</i> adopts the following amendment(s
A. If amending name, enter the new name of th	e corporation:
Sunshire Spec	ialist tile service Coxp The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Coword "chartered," "professional association," or	word "corporation," "company," or "incorporated" or the abbreviation or "Inc." or "Co". A professional corporation name must contain the the abbreviation "P.A."
B. Enter new principal office address, if application	able:
(Principal office address <u>MUST BE A STREET</u> /	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE</u>	BOX)
D. If amending the registered upent and/or regi	istered office address in Florida, enter the name of the
new registered agent and/or the new register	
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	(City) . Florida No. (Zip Code)
New Registered Agent's Signature, if changing Thereby accept the appointment as registered agen	Registered Agent: nt. I am familiar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, at 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 = ChExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each offiheld. 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 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 Chang Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			19 11
4) Change			22 F
Add			
Remove			5: 22 33
5) Change			-
Add			
Remove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
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	22.7
If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	~ (~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	77 at 14
	<u> </u>

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The date of each amendment(s) adoption: OD DO DO TO	, if other than (
Effective date if applicable: 05/20/20/9 (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as (
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required. Dated	FILED 19 JUL 22 PH 5: 22 SECONDAND JE STATE
(Typed or printed name of person signing)	
(Title of person signing)	