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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BLACKLEDGER ENTITY MANAGEMENT LLC

Account Number : I20150000089 Phone : (305)444-8800 Fax Number : (305)444-4010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_cayon@hcoadvisors.com

## COR AMND/RESTATE/CORRECT OR O/D RESIGN SUN4 INC.

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		Fax: (850) 617-6380		age: 3 of 6	10/12/2020 5:24
* · · · · · · · · · · · · · · · · · · ·	٤	Articles of Amendment to	еф	بنا	de la
		Articles of Incorporation of		! .	110:05
SUN4 INC					
(Na	me of Corpo	ration as currently filed with the l	Florida Dept. (	of State)	
P20000077338	V. Gov.pv			,	
	(De	ocument Number of Corporation (if	known)		
Pursuant to the provisions of section its Articles of Incorporation:  A. If amending name, enter the ne		·	<i>orporation</i> ado	pts the follo	owing amendme
name must be distinguishable and cor	tain the word	d "corporation," "company," or "in	corporated" o	r the abbrev	The new viation "Corp.,"
"Inc.," or Co.," or the designation "chartered," "professional association	on." or the a	bbreviation "P.A."	rporanon nu	ne musi co	madi the Hiru
"Inc.," or Co.," or the designation	on." or the a	bbreviation "P.A."  able:	rporation nai	ле тим со	
"Inc.," or Co.," or the designation "chartered," "professional association.  B. Enter new principal office addr.	ess, if applic  A STREET.	bbreviation "P.A."  able: ADDRESS)	rporation nar	ne musi co	
"Inc.," or Co.," or the designation "chartered," "professional associati  B. Enter new principal office address MUST BE  C. Enter new mailing address, if a	ess, if applic A STREET  pplicable: ST OFFICE	able: ADDRESS )  BOX			
"Inc.," or Co.," or the designation "chartered," "professional association."  B. Enter new principal office address MUST BE  C. Enter new mailing address, if a (Mailing address MAY BE A PO)  D. If amending the registered agent	ess, if applic A STREET  pplicable: ST OFFICE	able: ADDRESS )  BOX			
"Inc.," or Co" or the designation "chartered," "professional associati  B. Enter new principal office addr (Principal office address MUST BE)  C. Enter new mailing address, if a (Mailing address MAY BE A PO)  D. If amending the registered agent new registered agent and/or the	ess, if applic A STREET  pplicable: ST OFFICE	able: ADDRESS )  BOX			
"Inc.," or Co" or the designation "chartered," "professional associati  B. Enter new principal office addr (Principal office address MUST BE)  C. Enter new mailing address, if a (Mailing address MAY BE A PO)  D. If amending the registered agent new registered agent and/or the	ess, if applic A STREET  pplicable: ST OFFICE t and/or reg new registe	able: ADDRESS )  BOX  sistered office address in Florida, exced office address:	enter the name		

Signature of New Registered Agent, if changing

Check if applicable

<sup>☐</sup> The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

Example:

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)

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

To:

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> T1</u>	John Do	<u>×</u>	
X Remove	<u>v</u>	Mike Jo	ones .	
_X Add	<u>sv</u>	Sally Sr	nith	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change	P	_	Rafael Angel Gonzalez Soto	2222 PONCE DE LEON BLVD
x Add				CORAL GABLES, FL 33134
Remove				
2) Change				
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		· · · · · · · · · · · · · · · · · · ·
Add				· ·
Remove				

•	dditional Artic if necessary).	(Be specific)				
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f an amendment provid	es for an exch	ange, reclassif	ication, or car	cellation of iss	ued shares,	
provisions for implemen	nting the ame	ndment if not	contained in t	ne amendment	itself:	
(if not applicable, inc	dicate N/A)					
					<del></del>	
				<del></del>		
				<del></del>		
		***				

To:

	loption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	!
Note: If the date inserted in this be document's effective date on the De	lock does not meet the applicable statutory filing requirements, this dat partment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add action was not required.	pted by the incorporators, or board of directors without shareholder actio	n and shareholder
☐ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s fficient for approval.	)
	roved by the shareholders through voting groups. The following stateme each voting group entitled to vote separately on the amendment(s):	nt
"The number of votes cast	for the amendment(s) was/were sufficient for approval	
by	<u> </u>	
,	(voting group)	
October 12	2020	
Dated		
Signature		
	rector, president or other officer - if directors or officers have not been	
	<ul> <li>d, by an incorporator if in the hands of a receiver, trustee, or other courted fiduciary by that fiduciary)</li> </ul>	
"ppon		
	Rafacl Angel Gonzalez Soto	
	(Typed or printed name of person signing)	<del></del>
	Director A. C.	
	(Title of person signing)	<del></del>