P21000012016

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: SUNSHINE VIEW	IMPACT SYSTEMS CO	RP
	BER: P21000012016		
The enclosed Article.	s of Amendment and fee are su	bmitted for filing.	
Please return all corr	espondence concerning this ma	tter to the following:	
	RAMOS ALFONSO, VICTO	DR J	
		Name of Contact Person	1
		Firm/ Company	
	8 SW 96 TH CT		
	MIAMI, FL 33174	Address	,
	MANICIE 33174	City/ State and Zip Cod	e
	RAMOSALFONSO98@YAI	ноо.сом	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	on concerning this matter, pleas	se call:	
RAMOS ALFONSO	, VICTOR J	at (⁷⁸⁶	683-1739
Name	of Contact Person		de & Daytime Telephone Number
Enclosed is a check f	or the following amount made	payable to the Florida Depa	artment of State:
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
An Div P.C	iling Address tendment Section rision of Corporations b. Box 6327 lahassee, FL 32314	Amend Division The Control 2415 N	Address Iment Section In of Corporations In of Tallahassee In Monroe Street, Suite 810 Insect, FL 32303

Articles of Amendment to Articles of Incorporation of

SUNSHINE VIEW IMPACT SYSTEMS	CORP		
(Name o	of Corporation as curren	tly filed with the Florida D	ept. of State)
P21000012016			
	(Document Number	of Corporation (if known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this	s Florida Profit Corporation	adopts the following amendment(s) to
A. If amending name, enter the new na	ame of the corporation:		
N/A			The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Contain "Chartered," "professional association,"	Corp," "Inc," or "Co".	A professional corporation	d" or the abbreviation "Corp"
B. Enter new principal office address, (Principal office address MUST BE A S		N/A	
C. Enter new mailing address, if applia (Mailing address MAY BE A POST) D. If amending the registered agent an	OFFICE BOX)	N/A	
new registered agent and/or the nev			iame of the
Name of New Registered Agent	RAMOS ALFONSO, VI	CTOR J	
	8 SW 96 TH CT		
	(Florida s	treet address)	
New Registered Office Address:	MIAMI		Florida 33174
		(City)	(Zip Code)
New Registered Agent's Signature, if cl I hereby accept the appointment as regist	ered agent. I am familian		
		J J ,	°

Check if applicable

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:

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:

X Change	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV 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			
4) Change			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

E. If amending or adding additional Articl (Attach additional sheets, if necessary).	les, enter change(s) here: (Be specific)
N/A	(20 of course)
If an amendment provides for an exchai	nge, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	dment if not contained in the amendment itself:
N/A	

The date of each amendment(s date this document was signed.	adoption:	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in the document's effective date on the	s block does not meet the applicable statutory filing requirements, this date wi Department of State's records.	ll not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholder action an	d shareholder
☐ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
☐ The amendment(s) was/were must be separately provided	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
"The number of votes e	ast for the amendment(s) was/were sufficient for approval	
by RAMOS ALFONSO		
by	(voting group)	
06/10/20 Dated/	(2) (P)	2021 JUN 1805
Signature t		
selec	a director, president or other officer – if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court pinted fiduciary by that fiduciary)	— 8 PH 2:
	RAMOS ALFONSO, VICTOR J	3 3 0
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	