## L25000313091

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## **COVER LETTER**

TO: Registration Se Division of Cor				
SUNSETC	AR LLC			
SUBJECT:	Name of Limi	<b></b> -		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ruben H. Lazo			
		Name of Person		
	GIKELLC			
		Firm/Company	<del></del>	
	100 BAYVIEW DR. APT.	205		
		Address		<b>3</b> 3
	SUNNY ISLES BEACH, FL 33160			
	City/State and Zip Code			
	info@sunsetcar.us		- · · · · · · · · · · · · · · · · · · ·	
	E-mail address: (	to be used for future annual report notification)	्रं र्र	
For further information c	concerning this matter, please co	all:		
Ruben Lazo		786 667-1704 at ( )	-	
Name o	of Person	Area Code Daytime Telephone Nui	nber	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0 Fifing Fee. ificate of Status & ified Copy ional copy is enclosed)	
Mailing Addres		Street Address:		
Registration:		Registration Section Division of Corporations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSEICAR LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.25000313091}{1.00000000000000000000000000000000000$	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del>.</del>
(Principal office address MUST BE A STREET ADDRESS)		73 73
		57
Enter new mailing address, if applicable:		20 1
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
Manual Marie Berry		7 <del>(1</del> )
	-1-11 - 12 - 12 - 12 - 12 - 12 - 12 - 1	. თ
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the r</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	TRIMAJE ENTERPRISES CORP	3303 PORT ROYALE DR S 207 F	≣Add
		FT LAUDERDALE, FL 33308	□Remove
			□Change
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		the date of fili	nd cannot be prior to			filing.) Pursuant t	
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