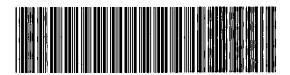
## L1000046180

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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DIVISION OF CUSPORATIO

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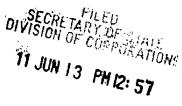
## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	ECT:	Sunrise	e Movers, LLC		
		Name of Lim	ited Liability Company	The second secon	
The en	closed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
	Saxon Bowen				
			P. O. Box 293095		
		<del></del>			
			Davie, FL 33328		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
E-mail address: (			to be used for future annual report notific	cation)	
For fur	ther information	concerning this matter, please of	call:		
	S	axon Bowen	at ( 954 )	312-8558	
	Name	of Person	Area Code & Daytime	Telephone Number	
Enclos	ed is a check for t	the following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)	
		ING ADDRESS:	STREET/COURIE		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sunrise Mo	overs, LLC	•	0,
(Name of the Limited Liability Compa (A Florida Limited I	<b>ny as it now appear</b> Liability Company)	s on our records.) √	
The Articles of Organization for this Limited Liability Company	were filed on	April 29, 2010	and assigned
Florida document numberL10000046180			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lim 'L.L.C."	ited Liability Compa	nny," the designation "Li	.C" or the abbreviatio
Enter new principal offices address, if applicable:	4701 SW 45t	h Street	
Principal office address MUST BE A STREET ADDRESS)	Davie		
	FL 33314		
Enter new mailing address, if applicable:	P. O. Box 293	3095	
Mailing address MAY BE A POST OFFICE BOX)	Davie		
	FL 33328		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter th</u>	e name of the ne
New Registered Office Address:	En	ter Florida street addr	ess
		, Florida	
<del> </del>	City	, rwika	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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kayla Katwaroo	5833 W Oakland Park Blvd Lauderhill FL 33313	☐ Add ☑ Remove
<del></del>			Add Remove
<del></del>			Add Remove
			Add Remove
	<del> </del>		Add Remove
			Add Remove
D. If amend	June 07 2	ge(s) here: (Attach additional sheets, if necessary.)  011 .	SECRETARY STATE DIVISION OF CORPORATIONS  11 JUN 13 PH 12: 57
		Saxon Bowen	
	Туре	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00