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DIVISION OF CORPORATIONS

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COVER LETTER

ѕивј ё ст: <u>бим</u>		LLC ed Liability Company	
The enclosed Articles of A	nendment and fee(s) are subm	nitted for filing.	
Diagra return all correspond	lence concerning this matter to	the following:	•
riease return an correspond	tence concerning this matter to	o the following.	
	Octavio R	Robles, Esq.	·····
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	_	1 in a company	
	3109 Gran	Address	42
	Miami, F	City/State and Zip Code	
	Octavio R E-mail address: (to	obles @ Earth be used for future annual report notification	ulink, net
For further information cor	cerning this matter, please cal	1:	
Octavia Name of F	Robles, Eag	at (186) 515 - 4 Area Code Daytime Tel	-251 ephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & . Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Sunor Florida Name of the Limited Liability Compar		15 APR 10 PM 2: 57
(Name of the Limited Liability Compar (A Florida Limited L	iability Company)	a records.
The Articles of Organization for this Limited Liability Company	were filed on Aug	ust 15, 2011 and assigned
Florida document number L 11 0000 93486	• 3	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
N/A		
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
	25/4	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida str	eet address
 		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my deprovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Name Address Octavio Robles, Esq 3109 Grand &ve. DAdd

Ste. 342

Miami, FL 33133 □ Add _□ Remove ☐ Add □ Remove _□ Add _□ Remove □ Add ☐ Remove □ Add ☐ Remove

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