L11000107092

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COVER LETTER

TO: Registration Sec Division of Corp	
	INVESTMENTS, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	idence concerning this matter to the following:
	Yakov Cohen
	Name of Person
	SUN KING INVESTMENTS, LLC
	Firm/Company
	13315 NE 6 Avenue, Office
	Address
	North Miami, Fl. 33161
	City/State and Zip Code ccenteroakland@gmail.com E-mail address: (to be used for future annual report notification)
	1 to
For further information co	ncerning this matter, please call:
Yakov Cohen	954 923-6844 20 5
Name of	
Enclosed is a check for the	e following amount:
■ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: 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 ARTICLES OF ORGANIZATION **OF**

SUN KING INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/19/2011 and assigned Florida document number L11000107092 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
AMBR	Shlomo Chelminsky	13315 NE 6 Avenue, Office	Add
		North Miami, FL 33161	☐ Remove
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ctive date, if other than the date fective date is listed, the date must be 18 fective date in this block ment's effective date on the Department's effective date on the Department.	o7/08/2016 ate of filing: e specific and cannot be prior to date of file k does not meet the applicable statute artment of State's records.	ing or more than 90 days after bry filing requirements, this	onal) filing.) Pursuant to 605.0 date will not be listed
acord specifies a delayed e e 90th day after the record	effective date, but not an effe d is filed.	ctive time, at 12:01 a	ı.m. on the earlier
July 8	2016	•	
Sig	gnature of a member or authorized repres	entative of a member	

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Filing Fee: \$25.00