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### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

# Sunexuz Ideas LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Alexandra Vargas

Name of Person

Sunexuz Ideas LLC

Firm/Company

6520 NW 114th Ave # 1621

Address

**Doral FI 33178** 

City/State and Zip Code

alexandra@sunexuzideas.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Alexandra Vargas

а

<sup>786</sup> (543.0659

Name of Person

Area Code & Daytime Telephone 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)

☐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 TO ARTICLES OF ORGANIZATION **OF**

## Sunexuz Ideas LLC

ARTIC	CLES OF O	RGANIZATIO	)N	- with	
	O	F			ei
Sunexuz Ideas LLC					
	iability Compa	ny as it now appears	on our records	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	'
(Name of the Limited I	Florida Limited L	Liability Company)	on our records.		S. S
The Articles of Organization for this Limited Lia	shility Commons		0/2012		
1 12000107788	.onny Company }	were fried on		and as gived	
Florida document number L 12000107788	<del></del>			P	
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation	ion "LLC" or the abbreviati	ion
	6520 NW 11	Ath Ava #	1621		
Enter new principal offices address, if applica				1021	-
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>	Doral, FI 33178			-
			····		-
		6520 NW 114th Ave # 1621			
Enter new mailing address, if applicable:					-
(Mailing address MAY BE A POST OFFICE BOX)		Doral FI 33178			-
					-
B. If amending the registered agent and/o	r registered of	fice address on ou	r records en	iter the name of the no	ew
registered agent and/or the new registered off			1 10001 as, <u>en</u>	the name of the hy	<u>- 11</u>
•					
Name of New Registered Agent:	Name of New Registered Agent: Alexandra			<del></del>	<u>-</u>
New Registered Office Address:	6520 NW 114th Ave # 1621				
The Miles of the M	Enter Florida street address				
	Doral		. Florid	<sub>la</sub> 33178	
	-	City		Zip Code	-
New Registered Agent's Signature, if changing R	egistered 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

Page 1 of 3

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	Camilo Hasbun	2704 SW 152nd Pl Miami Fl 33185	Add
			Remove
MGR	Alexandra Vargas	6520 NW 114th Ave # 1621 Doral FI 33178	Add
			Remove
MGRM Sunexuz rreal LLC	Sunexuz rreal LLC	2704 SW 152 PI Miami FI 33185	Add
			Remove
MGRM Sunexuz Real LLC	Sunexuz Real LLC	2704 SW 152 PL Miami Fl 33185	_ Add
		í	Remove
			Add
			_ Remove
			Add
			Remové

). If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
February 20th	2013
bated	-,
	Come
Signature.	of a member or authorized representative of a member
Alexandra Vargas	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00