

L13000012805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100300324691

06/19/17--01037--018 **25.00

FILED
17 JUN 19 PM 1:25
TALLAHASSEE, FLORIDA
CLERK OF STATE

S. WARREN

JUN 20 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN-PECKLER ASST Management 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:

David A. Peek
Name of Person

The Legal Center
Firm/Company

10700 John Jay Blvd Ste 1
Address

Seminole FL 33772
City/State and Zip Code

vivian_ma@keyglobal.com.cn
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David A. Peek Esq. at 727 393-8822
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) ☐ \$60.00 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**

SUN - PECKLER ASSET MANAGEMENT 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 01/24/2013 and assigned
Florida document number 1.13000012805.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2552 18TH AVENUE NORTH

ST PETERSBURG, FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2552 18TH AVENUE NORTH

ST. PETERSBURG, FL 33713

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:

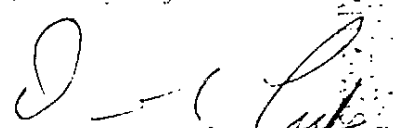
Name of New Registered Agent: DAVID A. PEEK

New Registered Office Address: 10700 JOHNSON BOULEVARD, SUITE 1
Enter Florida street address

SEMINOLE, Florida 33772
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 Changing Registered Agent, Signature of New Registered Agent

FILED
JUN 19 2013
11:25 AM
STATE
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JIANXUN SUN	515 Appian Way NE	<input type="checkbox"/> Add
		St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	VIVIAN PAK	2552 18th Avenue N.	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33713	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 JUN 17 2019
 1:25 PM
 TAMPA, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 14 2017

Signature of a member or authorized representative of a member

DAVID A. PEEK, Attorney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
17 JUN 19 PM 1:25
U.S. DEPT. OF STATE
WASHINGTON, D.C. 20520