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COVER LETTER

TO:	Registration Se Division of Cor			
CHD IC.	cr.	SUN CAR AND VAN SERV	VICES LLC	
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		KENNET	H PHILIPS	
			Name of Person	
			Firm/Company	
		625	Address Regency WAY	
		KISSI	City/State and Zip Code MMEE, FL 3475 g	
		E-mail address: (t	to be used for future annual report noti	fication)
For furtl	her information co	oncerning this matter, please ca	all:	
T Ą№ Y/	A AKINLOYE		407 744-4853 at ()	
	Name of	Person	Area Code Daytiin	e Telephone Number
Enclose	d is a check for th	e 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:

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

	SUN CAR AND VAN SERVICES LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on	10/15/2013	and assigned
Torida document number 1.13000145136			
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>2</u> :	
he new name must be distinguishable and contain the		ignation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if appli		<u> </u>	
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)		A 71.
		Ø.	-9 [
		117	
inter new mailing address, if applicable:		Ti co	
Mailing address MAY BE A POST OFFICE	ROY)	- 3	<u>≅ 00</u>
		·	
			
. If amending the registered agent and	/or registered office address on o	our records, enter tl	he name of the
egistered agent and/or the new registered o	ffice address here:	· 	<u> </u>
	There were over		
Name of New Registered Agent:	TA NYA AKINLOYE		
New Registered Office Address:	625 REGENCY WAY		
	Enter Floride		
	KISSIMMEE	, Florida _ ³⁴⁷⁵	8
	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

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 Title <u>Name</u> **Address** Type of Action □ Add □ Remove _□ Change _□ Add □ Remove ☐ Change ☐ Remove _ Change □ Add _□ Remove _ Change _□ Remove _____ Change

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fecti	ve date, if other than the date of filing: (optional)
in eff	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	int's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	90th day after the record is filed.
ated	3/29 . 2019 Kuntille
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00