

L14 0000 OPP53

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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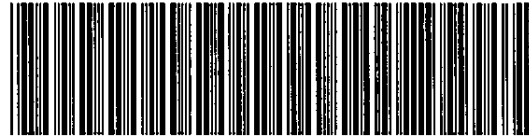
(Business Entity Name)

(Document Number)

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FILED
14 MAY 19 PM 10:00
SEAL OF THE STATE
TALLAHASSEE, FLORIDA

J. Silvers MAY 27 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNRISEBIZ 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:

Nguyen Duy Tai

Name of Person

SUNRISEBIZ LLC

Firm/Company

10986 Willow Ridge Loop

Address

Orlando, FL 32825

City/State and Zip Code

tai_nguyen_duy@yahoo.com

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

For further information concerning this matter, please call:

Tai, Nguyen Duy

Name of Person

407 780-9041

at ()
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**

SUNRISEBIZ 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 01/16/2014 and assigned Florida document number L14000008853.

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 end with 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)

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

City

Florida

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nguyen Thi Kim, Huong	10950 Willow Ridge Loop	☐ Add
		Orlando, FL 32825	☒ Remove
AMBR	Doan Thi Cao, Van	10986 Willow Ridge Loop	☐ Add
		Orlando, FL 32825	☒ Remove
			☐ Add
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			☐ Remove

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STATE

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FEI/EIN Number: 46-5462289

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 16, 2014



Signature of a ~~member or authorized representative of a member~~

Nguyen Duy, Tai

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 MAY 19 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA