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SECKETARY OF STATE

COVER LETTER

TO: Registration Se Division of Cor		N.		للزو
Sunre Sunre	ock Transporta	ation LLC		
SUBJECT:	<u> </u>	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Wilton Santo	os		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
•	Sunrock Tra	1 -		
		Firm/Company		
	4939 Mando	olin Ct.		
		Address		
	Winter Have	en, Fl. 33884		
		City/State and Zip Code		
	sunrocktransport	@gmail.com to be used for future annual report notifi	cation)	
For further information of	oncerning this matter, please or	•	canon,	
Wilton San	-	at (863) 521-37	706	
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status &

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

FILED 2014 AUG 25 PN 12: 10 SECRETARY OF STATE

Sunrock Transportation 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 08/15/2014 and assigned Florida document number L14000128315 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sunrock Transport, LLC 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 Florida 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 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:

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ne date this document is filed by the Florida ated August 18th	e prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)

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Filing Fee: \$25.00

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