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1. Status NOV 2 6 2014

· COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUNSISE & SUNSET SERVICES, 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:
MAURICIO HOSTIOS Name of Person
SUNRISE & SUNSET SERVICES, LLC
6335 NW 190 TERRACE
Miami LAKES FL 33015 Mao HOSTIOS @ GMAIL. COM
MADHOSTIOS @ GMAIL. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JAMES THECKSTON # 954 559-1793
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

SUNRISE & SUNSE (Name of the Limited Liability Compa	T SERVICES, LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number		d
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	-\\A	
Enter new mailing address, if applicable:	\mathcal{O}	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he new
Name of New Registered Agent:	<u>, , \ </u>	र मुख्यू
New Registered Office Address:	Enter Florida street address	
	City Code 5	1,2
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agre		•.1 .1
i nereny acceni ine annoiniment as registerea agent ana agra	ze to act in inis capacity. I turiner agree to comply w	uin ine

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Mauricio Hostios	6335 NW 190 Turace	\ Add
		Miami Lakus, Fl 33015	□ Remove
<u>AMBR</u>	Ana A. Hostion	6335 NW 190 Towaca	⊠ Add
		Miami Laka, FL 33015	□ Remove
			Remove
		<u></u>	— ⊒ □ Add
			Remove Q
			☐ Remove
			□ Add
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
" WE ARE ONLY ADDING DEFICERS/MNGRS
TO THE COMPANY. WE INTIALLY
PUT MAURICIO IN AS "PRES" BUT THE
ONLINE System WE GUESS \$10 NOT
ACCEPT. TAANK you!
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 11/11/14
Dated
Edojo Mojo V
Signature of member or authorized representative of a member
Mauricia Hostins
Typed or printed name of signee
AL France or o'Bree

Page 3 of 3

Filing Fee: \$25.00

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