

LIS000155096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

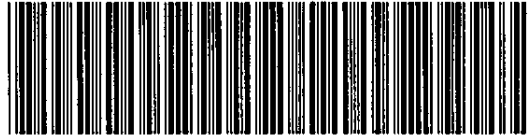
LIS-155096

(Document Number)

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2015 NOV 25 AM 10:07
TALLAHASSEE, FLORIDA

N. Culligan NOV 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN-HI, 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:

AUGUSTO FERREIRA
Name of Person

CENTRAL FLORIDA FORMS SERVICE INC.
Firm/Company

185 S. WESTMONTE DR STE 1216
Address

ALTAMONTE SPRINGS, FL 32714
City/State and Zip Code

centralfloridaforms@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AUGUSTO FERREIRA at (407) 786-6400
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
Paid previously
- ☐ \$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

We have received your document for SUN-HI, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II
Letter Number: 615A00022468

AUGUSTO FERREIRA
CENTRAL FLORIDA FORMS SERVICE INC
185 S WESTMONTE DR STE 1216
ALTAMONTE SPRINGS, FL 32714
SUBJECT: SUN-HI, LLC
Ref. Number: L15000155096

November 13, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA
RECEIVED
15 NOV 25 AM 11:43



ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2015 NOV 25 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUN-HI, 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 09-10-2015 and assigned
Florida document number L15000155096.

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)

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 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>
<u>MGR</u>	<u>WALTON J. WONG LEON</u>	<u>8421 S. ORANGE BLOSSOM TRAIL</u>	<input type="checkbox"/> Add
		<u>ORLANDO, FL 32809</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>WALTER J. WONG LEON</u>	<u>8421 S. ORANGE BLOSSOM TRAIL</u>	<input checked="" type="checkbox"/> Add
		<u>ORLANDO, FL 32809</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

REC'D 10-25-15
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10-25-15 BY SP-6 JAB/STP

2015 NOV 25 AM 10:07

100

(If an effective 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 605.0207 (3)(b)

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

Dated 11/21/2015, _____

Freddy W Wong Leon
Signature of a member or authorized representative of a member

MGR
Typed or printed name of signee