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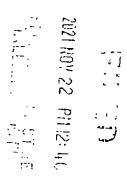
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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(Document Number)	
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Certified Copies Certificates of Stat	us
Special Instructions to Filing Officer:	
Special instructions to Filling Officer.	
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Office Use Only



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COVER LETTER

Division of Corporati	ons	· · · · · · · · · · · · · · · · · · ·	.
SUBJECT: SUNK 1	+ Plac 11	. (
30 milet		ited Liability Company	!!
The enclosed Articles of Amend	Iment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
2	licardo Ri	vora Saliciup Name of Person	
_	SUNK It P	LUS LUC Firm/Company	
<u></u>	43 Mcza/+	Address	
Ω	Mardo, FC	32825 City/State and Zip Code	
<u> 70</u>	nk i+ plus bill	32825 City/State and Zip Code (10 D JUNK it plus, o be used for future annual report)	COM notification)
For further information concern-			
Anyola Rivera & Name of Person	salicinp	at (352) 214 Area Code Day	- 3287- time Telephone Number
Enclosed is a check for the folio	wing amount:		
	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:		Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunk It Plus LI		on our records.)
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now appears orida Limited Liability Company)	•
The Articles of Organization for this Limited Liabili	ty Company were filed on	$-5 - 201.6 \cdot FL$ and assigned
Florida document number <u>L160000</u> 198		
This amendment is submitted to amend the following	<u>e</u> :	
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words	"Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
	·	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
B. If amending the registered agent and/or registongent and/or the new registered office address her	ered office address on our rec	ords, enter the name of the new registere
agent and/or the new registered office address ner	<u>¢</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	a 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 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
A <u>mbr</u>	Bicardo Rivera Salicrup	943 Mozart Dr Orlando, 1 32825	FL #Add
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Note: If the	te, if other than the date is listed, the date must date inserted in this blo ffective date on the De	be specific and cannot ack does not meet the	the prior to date of filing e applicable statutory	g or more than 90 days	optional) rather filing) Pursuant s, this date will not b	to 605.0207 be listed as
e record speci rd is filed.	ifies a delayed effective	date, but not an effi	ective time, at 12:01	a.m. on the earlier o	f (b) The 90th da	y after the
Dated <u>N ə</u>	vember 16	0 01	or authorized represen	tative of a member		_
			Syliuup or printed name of sign			