

L16000052466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

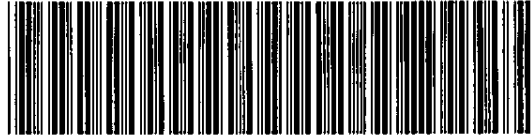
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 30 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sun Logistics 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:

Leandro Vega

Name of Person

Firm/Company

2634 Sw 39 Ave

Address

Miami, FL 33133

City/State and Zip Code

slservices23@gmail.com

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

For further information concerning this matter, please call:

Leandro Vega

305 7738381
at ()

Name of Person

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**

Sun Logistics Services

(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 03/16/2016 and assigned
Florida document number L16000052466.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NightFall Express Logistics LLC

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)

6850 Coral Way Suite 303

Miami, FL 33155

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2634 sw 29 ave

Miami, FL 33133

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:

Leandro Vega

New Registered Office Address:

6850 Coral Way Suite 303

Enter Florida street address

Miami

City

Florida 33155

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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NOV 28 4:08 PM
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TALLAHASSEE, FLORIDA

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> |
|--------------|--------------|--------------------------|--|
| MGR | Leandro Vega | 6850 Coral Way suite 303 | <input checked="" type="checkbox"/> Add |
| | | Miami, FL 33155 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Ramon E Diaz | 2634 sw 29 ave | <input type="checkbox"/> Add |
| | | Miami, FL 33133 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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 SECRETARY OF STATE
 TAMPA, FLORIDA

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*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:

(b) The 90th day after the record is filed.

NOV 21 2016
 Signature of a member or authorized representative of a member
 Leandro Vega
 Typed or printed name of signee

FILED
JUN 28 P 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA