

L16000062135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

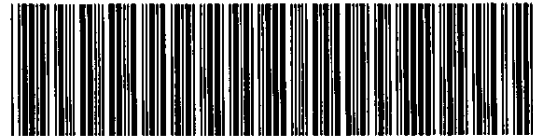
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CERTIFICATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN Express Transportation 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:

Monica B. LaRochelle
Name of Person

SUN Express Transportation LLC.
Firm/Company

7900 NW 85 ave.
Address

TAMARAC, FL. 33321
City/State and Zip Code

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

For further information concerning this matter, please call:

Monica B. LaRochelle at (305) 898-1377
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

SUN Express Transportation LLC.

Page 1 of 3

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	Monica B. LaRochelle	7900 NW 85 ave.	<input checked="" type="checkbox"/> Add
		TAMARAC, FL. 33321	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan M. Martinez	3123 Oakland Shores Dr.	<input type="checkbox"/> Add
		Apt. D102	<input checked="" type="checkbox"/> Remove
		Oakland Park, FL. 33309	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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DIVISION OF CORP. & ALCOH.

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE add my EIN# 81-4315291

Attatched is a copy of my EIN from the IRS.

I'm also including a copy of Detail by Entity name from florida department of State to show you what the company is currently showing.

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DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: _____ (optional)

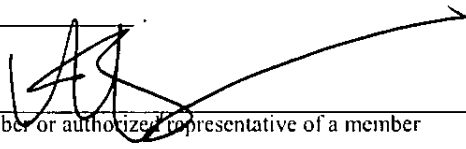
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated _____,


Signature of a member or authorized representative of a member

Monica LaRoche
Typed or printed name of signee