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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Sunrex LLC	C		
SUBJEC	. 1	Name of Lim	ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	-	
		Sachin Khanna		
			Name of Person	 5
		Sunrex LLC		
			Firm/Company	
		5079 N Dixie Hwy Ste 26:	3	=
		-	Address	
		Fort Lauderdale, FL 33334	1	
			City/State and Zip Code	
		orders@sun4rex.com		
		E-mail address: (to be used for future annual report not	ification)
For furth	er information c	oncerning this matter, please co	ail:	
Sachin K	Channa		786 247-0377	
	Name o	f Person		ne Telephone Number
Enclosed	i is a check for th	ne following amount:		
	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)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C	on rations

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	LM 9UX d Liability Compar A Florida Limited L	LLC as it now appears on our recordiability Company)	ds.)	_	
The Articles of Organization for this Limited Lie Florida document number L16000080793	ability Company	were filed on 04/25/2016	and	l assign	ed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and contain the wa	ords "Limited Liabili	ty Company," the designation "LLC	C" or the abbreviatio	n "L.IC.	
Enter new principal offices address, if applica	ahle	5079 N Dixie Hwy Ste 263			·1
(Principal office address MUST BE A STREET		Fort Lauderdale, FL 33334 US	SA	<u></u>	
				IAY	
				$\overline{\omega}$	55.7
Enter new mailing address, if applicable:		5079 N Dixie Hwy Ste 263		<u>-p</u>	_ <u>`m</u> '
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>	Fort Lauderdale, FL 33334 US	SA	ယ့	<u></u>
				2 3	<u> </u>
B. If amending the registered agent and/or the new registered off	or registered off fice address here	fice address on our record :	s, <u>enter the na</u>	me of	the new
Name of New Registered Agent:		·			
New Registered Office Address:	5079 N Dixie H	wy Ste 263 Enter Florida street addre.			
	Fort Lauderdale				
	- Ort Dauderdale	, FI	lorida 33334 Zip C	ode	
New Registered Agent's Signature, if changing R	egistered 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>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Ghange LAHASSEE. TUB.
			P Remove
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		23
	(optional) not be prior to date of filing or more than 90 days after filing.) Pursu the applicable statutory filing requirements, this date will no 's records.	
ecord specifies a delayed effective date ne 90th day after the record is filed.	, but not an effective time, at 12:01 a.m. on th	e earlier
d 10th of May 2	016 	
y v wv	per or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00