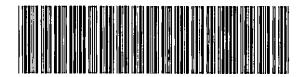
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Se Division of Cor		*	,		
SUBJECT: SUNT		LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Ying Che	\wedge			
		Name of Person			
		Firm/Company			
	2091 N 1	university	$\Omega_{\mathcal{C}}$		
		Address	_1;=/#		
	Sunrise FL	_ 33372 City/State and Zip Code			
	·	City/State and Zip Code Table Con to be used for future annual rep	port notification)		
For further information co	oncerning this matter, please ca				
Ying Ch	en	at (<u>305</u>) 79	99 - 19 25 Daytime Telephon	SEC SEC	2020
Name of	Person	Area Code	Daytime Telephon	e Numbel [7]	THE THE
Enclosed is a check for th	e following amount:			37. 20.00 19.00	22 /
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ed)	560.00 Eiling Fee Certificate of Sta Certified Copy (additional copy is ea	ities &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

Junise Cournet, LLC			
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on imited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Con	npany were filed on	/26/16 a	nd assigned
Florida document number <u>/ 160,50102976</u> .		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
Enter new mailing address, if applicable:		 .	
(Mailing address MAY BE A POST OFFICE BOX)			2
		<u>\$5</u> _)20
		7.5	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our reco	rds, enter the name of the	ne new registered
agent and/of the new registered office address nere.		ည်းရှိ	
Name of New Registered Agent:		ET 3 mari	्रा 💆
	-	 	5
New Registered Office Address:	Enter Florida :	street address	
	City	, Florida 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, <u>enter the title, name, and address of each person_being addec or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ying Ohen	2011 N University Dr Sunrise, FL 33322	□Add
		Sunrise FL 33322	□Remove
		- 	DChange
			□Add
			□Remove
			□Change
		SECRITOR AND	Remove.
			Grange Gr
			□Remove
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Tective date, if ot an effective date is list ote: If the date insocument's effective	erted in this bloc	ek does not	meet the ap	pplicable st	of filing or r atutory fili	nore than 90 ng requirem	(option days after fi ents, this o	i al) ling.) Purst date will n	uant to 6 not be li	05. ste
ecord specifies a dis filed.	elayed effective	date, but no	ot an effecti	ive time, at	12:01 a.m.	on the earl	ier of: (b)	The 90th	i day at	ter
ited	in/y 1	7	. 20%	20						
	<i>5</i> s	ignature of a	ce a member or	authorized		e of a membe	<u></u>		<u>.</u>	
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