

L16000171055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

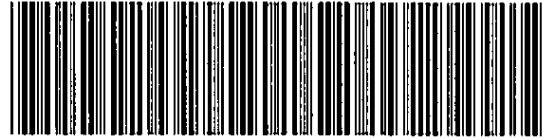
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SHERRILL J. STAFF
TALLAHASSEE, FLORIDA

674

SEP 22 2018

T SCHROEDER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUN TOURS 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:

EDUARDO PEREZ

Name of Person

SUN TOURS ORLANDO

Firm/Company

5401 S KIRKMAN RD #236

Address

ORLANDO FLA 31819

City/State and Zip Code

SUNTOURSORLANDO@HOTMAIL.COM

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

For further information concerning this matter, please call:

EDUARDO PEREZ

407

416- 5112

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 TOURS LLC

(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 9/13/16 and assigned
Florida document number L16000171055.

This amendment is submitted to amend the following:

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

SUN TOURS ORLANDO 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)

5401 S KIRKMAN RD # 342

ORLANDO FLORIDA 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5401 S KIRKMAN RD #236

ORLANDO FLORIDA 32819

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:

New Registered Office Address:

Enter Florida 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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED
SEP 11 AM 11:33
CLERK OF DISTRICT COURT
1400 10TH AVENUE
DENVER, CO 80202

18 SEP 21 AM 11:30
DEPARTMENT OF STATE
RECEIVED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-10-2001 BY 60322 UCBAW

FILED
18 SEP 21 AM 11:30
CLERK OF DISTRICT COURT
STATE OF ARIZONA
TULSA COUNTY

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

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.

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

Dated SEPTEMBER 17 2018

SEPTEMBER 17

Signature

Signature of a member or authorized representative of a member

EDUARDO PEREZ

Typed or printed name of signee