L17000056771

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DIVISION OF CORPORATION

T. MATTHEWS
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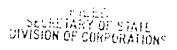
COVER LETTER

TO: Registration Section

Division of Cor	porations			
SUNNY RO	DAD TRAFFIC, LLC			
SUBJECT:	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	OSVALDO PEREZ MOR	ALES		
		Name of Person		
	SUNNY ROAD TRAFFIC	C, LLC		
		Firm/Company		
	14881 SW 20TH ST			
	**************************************	Address	<u></u>	
	MIRAMAR, FL 33027			
		City/State and Zip Code		
	POSVALDO26@YAHOO			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
OSVALDO PEREZ MORALES		305 4793268		
Name o	t Person	at ()	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SUNNY ROAD TRAFFIC LLC

22 MAY -9 PM 1:43

(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 03/13/201	and assigned	
Florida document number £17000056771			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the designati	on "LLC" or the abbreviation "LLC"	
	MANAS TRANSFED CLASS OF THE TOTAL		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PEMBROKE PINES, I		
(Trincipal office data ess most be A STREET ADDICESS)			
	14881 SW 20TH ST		
Enter new mailing address, if applicable:	MIRAMAR, FL 33027		
(Mailing address MAY BE A POST OFFICE BOX)	311KABIAK, 11: 35027		
agent and/or the new registered office address here: Name of New Registered Agent:	, , , , , , , , , , , , , , , , , , , ,		
New Registered Office Address:			
	Enter Florida stre	et address	
		, Florida Zip Code	
	·	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my du	ties, and I am familiar with and r 605, F.S. Or, if this document is	
company has been notified in writing of this change.	address, I hereby conj	firm that the limited liability	

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	<u>Address</u>	Type of Action
MGR	LU SUN	14881 SW 20TH ST, MIRAMAR FL 33027	□Add
			\=Remove
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D. If amending any other informat	tion, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
_	
E. Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3), bock does not meet the applicable statutory filing requirements, this date will not be listed as the
the record specifies a delayed effective cord is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Data MAY 4TH	2022
Dated	
	Signature of a member or authorized representative of a member
OSVALDO PEREZ MO	RALES
-	Typed or printed name of signee

Filing Fee: \$25.00