LITOMORPAIS

	(Requestor's Name)
	(Address)
	(Address)
	(1881888)
	(City/State/Zip/Phone #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
RECEIVED	LAHASSEE, FLORIDA
20	기본 Office Use Only



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S. WARREN JUL 18 2017



June 29, 2017

SAVANNAH CRAYON 4611 N FEDERAL HWY #404 POMPANO BEACH, FL 33064

SUBJECT: SUN HIRE, LLC Ref. Number: L17000079213

We have received your document for SUN HIRE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 617A00013274

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SUN FIRE POLLC
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:
SOUANNEH CRAICH
SUN HIRE, LLC Firm/Company
4611 N. CCXCER HWY #404
Payling HPW, Fr 33044 City/State and Zip Code
SOUTH E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Same of Person at (305-) 7441920 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, \Bigcup \Bigc

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

Sim LIBCLLC		
Name of the Limited Lia (A Flo	bility Company as it now appears on o orida Limited Liability Company)	ur records,)
The Articles of Organization for this Limited Liabilit Florida document number <u>いけつりろいら</u>	y Company were filed on 5111	C CO and assigned
This amendment is submitted to amend the following): 	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u></u>	
Franking address MAT DE AT VOT OF THE BOOK	······································	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	egistered office address on ou address here:	r records, <u>enter the name of the new</u>
New Registered Office Address:	Enter Florida s	de est address
	Enter Products	
_	City	, Florida Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:	
I hereby accept the appointment as registered approvisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the sequence.	gent and agree to act in this cap and complete performance of my acd agent as provided for in Cha istered office address, I hereby c	duties, and I am familiar with and pter 605, F.S. Or_if this document is
		<u> </u>
	If Changing Registered Agent	Signature of New Registered Brent
	Page 1 of 3	3: 0.7 ORID

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
MS.	BARBARA CRAYON	11630 TIMBERS WORK	🗀 Add
		BOCA RATION, FL 33428	Remove
			☐ Change
			🗆 Add
			Remove
			Change
			Add
			□ Remove
			☐ Change
			🗆 Add
			Remove
		·	Change
			□ Add
			Remove
		CALLANSING TO A SECTION OF THE SECTI	J.P. Change
		FLORIDA	Add.
			☐ Change

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