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## **COVER LETTER**

TO: Registration Se Division of Cor	
Sun Hire M	feals, LLC
SUBJECT:	Name of Limited Liability Company
	Amendment and fee(s) are submitted for filing.  ondence concerning this matter to the following:
	Savannah Crayon
	Name of Person
	Sun Hire, LLC
	Firm/Company
	4611 N Federal Hwy 415
	Address
	Pompano Beach, FL 33064
	City/State and Zip Code
	savannahcrayon@gmail.com  E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Savannah Crayon	of Person at (305 Area Code) T44-1920  Daytime Telephone Number
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 Hire Meals, LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number $\frac{49378616}{2}$ .	were filed on 8/6/2017	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	-	abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4611 N Federal Hwy 415			
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33064			
	4611 N Federal Hwy 415			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33064			
		- W - W - W - W - W - W - W - W - W - W		
B. If amending the registered agent and/or registered o	ffice address on our records, ent			
registered agent and/or the new registered office address her		23 7. F		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zin 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>	Address	Type of Action
MGR	Lori Rizzo	14671 Bonaire Blvd #305	
		Delray Beach, FL 33446	■ Remove
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			□ Remove
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ive date, if other than the date of filing:  Sective date is listed, the date must be specific and cannot be prior to date of filing or more than	(optional) n 90 days after filing.) Pursi	Lant to
e: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, the 90th day after the record is filed.	irements, this date will n	ot be lis
ated $\frac{1172017}{}$		
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Filing Fee: \$25.00