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(Red	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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S. WARREN AUG 1 8 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Suny Charters 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:
Mex Bookoff
Booloff Law, P.A.
150 E. Bloomsugdele Ave
Brandon FL 33511
Biandon FL 3351/ City/State and Zip Code Alex Dooks Apa. eom E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Bookoff at (8/3) 957-0623 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee & \$\square\$ \$55.00 Filing Fee & \$\square\$ \$60.00 Filing Fee, \$\square\$ Certificate of Status & \$\square\$ (additional copy is enclosed) \$\square\$ 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**

Sunny Cha	arters LLC	
(<u>Name of the Himited Liabil</u> (A Florid	lity Company as it now appears da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability (Florida document number <u>L/7000/70907</u>		28/10/17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		our records, enter the name of the new
New Registered Office Address:		
	Enter Florid	la street address
		, Florida
New Registered Agent's Signature, if changing Registere	City ed Agent:	Zip Code
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	t and agree to act in this co complete performance of n agent as provided for in Ch ed office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this <u>do</u> cument is
	Page 1 of 3	39 RIDA

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
MGR	Alexsey Boohoff	150 E. Bloomingdale Ave	tAdd
	Ú	Suite 122 Brandon, FC 33511	□ Remove
		Brandon, FL 33511	Change
			Add
			Remove
			□ Change
			🗖 Add
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an checuve date	is usica, inc uaic	must be specific	and cannot be pa	ioi to date of ming of	more than 90 days a	after filing.) Pursuant to 6, this date will not be li	605.020 isted a
			of State's recor				
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			of a member or au	Thorized representat	ive of a member	- 1 - 5 -	T)
		Signature c	, a member or at	inomiga representat		121.1	
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Filing Fee: \$25.00