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COVER LETTER

TO: Registration Section **Division of Corporations** Son Tuan Tran Flooring, 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: Son Tran Name of Person Son Tuan Tran Flooring LLC Firm/Company 3480 Majestic Oaks Drive Address Jacksonville, Florida 32277 City/State and Zip Code sontran27118482@icloud.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Son Tran Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	Company as it now appears on our records.)	
(A Florida I	Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	empany were filed on 08/21/2017	and assigned
Florida document number L17000177727		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Sun's Family, LLC		2921
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRI	<u></u>	<u>과</u>
		<u> </u>
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Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered	office address on our records, enter the	name of the new reg
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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
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