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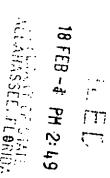
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COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: SUP	then Glan L Name of Limi	LC 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:	
		Name of Person	
	Synthon	a Glam Ha	
	Sunther	Firm/Company	·····
	10028 50	Trunch Ave #10	2394
		Address	
	Tampa	FL 33629 City/State and Zip Code	
			^^
	E-mail address: (nands @qmail.co	notification)
For further information of	concerning this matter, please ca	all:	
Name o	of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

Sunthern Glan	1 LLC	
(A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L170001827</u>	L X	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Suntopia Brank Group The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	. <u> </u>	
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
		8 - ASS
Name of New Registered Agent:		70 /
New Registered Office Address:		77 3x 11:
	Enter Florida street address	.: 94:
-	, Flor	ida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tenise Bell	1002B S Chrch Ave #10394	<u>L</u> □ Add
		Tanpa, FL 33629	Remove
			Change
AMBR	Tenise Bell	100213 Schrch Are #1039	4 X Add
		Tempa, FL 33629	🖸 Remove
			Change
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fective date, if other than the an effective date is listed, the date in ote: If the date inserted in this becument's effective date on the	nust be specific and cannot be block does not meet the ap Department of State's reco	plicable statutory filing rds.	requirements, this dat	g.) Pursuant to 60 e will not be lis	sted a
e record specifies a delay The 90th day after the re	ed effective date, but ecord is filed.	not an effective ti	me, at 12:01 a.m	on the earl	lier c
ated <u>Trintiary</u>	29** , 20 4	<u> </u>			

Page 3 of 3

Filing Fee: \$25.00