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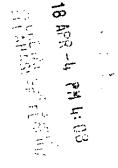
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J. LEGGETT APR 0 5 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sumro CA 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:
Edgue De Silva Name of Person
SUMPO CA LLC Firm/Company
15640 SW 80th ST, Unit 202
Miami/florida/33193 City/State and Zip Code
S'UNYOCA @ amail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Edgue De Silva at (786) 4980294  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

RECEIVED
APR 0 2 2018

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sumro CA	LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L 17000 231894	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	15640 SW 80 th ST
(Principal office address MUST BE A STREET ADDRESS)	Unit 202 Miami, Florida, 33193
Enter new mailing address, if applicable:	15640 SW 80th ST
(Mailing address MAY BE A POST OFFICE BOX)	Unit 202 Nigmi, florida, 33193
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<b>6</b>
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publicing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
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		15640 SW 80th St Miami, Florida, 3319?	Remove
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Filing Fee: \$25.00