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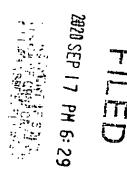
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COVER LETTER

TO:

TO: Registration S Division of Co					
CUB IPOC.	NRISE TRANSPORTATION L	LC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	EDWIN G CRUZ GRAJA	LES			
		Name of Person			
	NEW SUNRISE TRANSP	PORTATION LLC			
		Firm/Company			
	10753 GARDEN LILY DI	R # 25			
		Address			
	ORLANDO, FLORIDA 33	2832			
	E_CRUZ0731@YAHOO.C	City/State and Zip Code			
		to be used for future annual report notification)			
For further information	concerning this matter, please ca	all:			
EDWIN G CRUZ GRA	JALES	787 637-5358			
Name of Person		Area Code Daytime Telephone Number			
Enclosed is a check for	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addr Registration		Street Address: Registration Section			
Division of	Corporations	Division of Corporations			
P.O. Box 63 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
i ananassee,	1 12 22 LT	Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW SUNKISE TRANSPORTATION	VLLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liab Florida document number 1.18000024498 This amendment is submitted to amend the follow A. If amending name, enter the new name of the submitted to a	ility Company were filed on 01/26/2018 ing:	and Signed I PH 6: 2
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address I		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	()
	vare e various area mures	••
		orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

NICH CONDICE TO ANCOCOTATION OF

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARLA Z RODRIGUEZ AGOST	10753 GARDEN LILY DR # 25	
		ORLANDO, FL 32832	
			□Change
			□Add
			□Remove
			□Change
		•	□Add
			□Remove
		***************************************	□Change
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nainn dhan id nahumah	4	09/03/2020		(
ctive date, if other the	date must be specific	and cannot be prior to da	ite of filing or more than t	(optional) 90 days after filing.) Pursuant	to 605.020
If the date inserted in iment's effective date of			statutory filing requir	ements, this date will not b	e listed a
	•				
	effective date, but	not an effective time,	at 12:01 a.m. on the ea	arlier of: (b) The 90th day	y after the
filed.					
SEPTEMBER 3		2020			
ed					
	2 M []	11/			

Typed or printed name of signee