L18000062737

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N COOPER APR 0 6 2018

COVER LETTER

Division of Corporations				
SUBJECT: Supressible 1 C 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:				
Mario Sandoval Name of Person				
Firm/Company				
8681 Flamingo Dr				
Bora Raton FL 33496 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Mario Sandova at (754) 715 - 0690 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}				

MAILING ADDRESS:

TO:

Registration Section

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

Sun comsund (Name of the Limited Liability Com) (A Florida Limited (A Florida Limited)	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L1800062737</u>	by were filed on $\frac{3}{9}/2$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	•
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ECR
(Principal office address MUST BE A STREET ADDRESS)		× HAA HAA Tr
		5 SSE
Enter new mailing address, if applicable:		STA COR
(Mailing address MAY BE A POST OFFICE BOX)		8 57
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	,	nter the name of the new
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 Agen	<u>t:</u>	

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action Mario Sandoval _□ Remove □ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change

□ Add

☐ Remove

☐ Change

	Authorized Person Detail Mario Sandwal		
	Mario Sandwal		
-			
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•		APR -5	HAS
•			SEE,
		άi	FLOR
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-			
			
(If an ef Note:	ive date, if other than the date of filing:	uant to 605.0 tot be listed	207 (3)(l as the
	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the 90th day after the record is filed.	ne earlier	of:
Dated	April 2, 2018		
	Signature of a member or authorized representative of a member	***	
	Mario Sandoval		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00