## 118000/180652

(Re	questor's Name)	
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## **COVER LETTER**

•		COVER LETTER	
TO: Regist	ration Section on of Corporations		•
SUBJECT:	SUNNY TRANSPUR	1 Sérvices 1	LLC
	Name of Lin	nited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspondence concerning this matter	to the following:	
	MAXE	NAME OF PERSON	<b>a</b> _
		Name of Person	
		Firm/Company	
	3430	Milliam AVEN	h.F
		Address	
	Miam.	FL 33133	
		City/State and Zip Code	
		to be used for future annual rep	ort notification)
1	mation concerning this matter, please co		
MA	Name of Person	at ( <u>\$18</u> )\$	193-3865
	Auto Citati	Area code	receptione reminier
Enclosed is a che	eck for the following amount:		
\$25.00 Filing	g Fee S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$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**

Sunny 1	TRANSPURT	SERVICES	LLC		
( <u>Name of the Limited Lia</u> (A Flo	ability Company as orida Limited Liabili	it now appears on our ty Company)	r records.)		
The Articles of Organization for this Limited Liabilit	y Company were	filed on July	27 Zv18	_ and assign	ned
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the	-	company here:			
The new name must be distinguishable and contain the words "	Limited Liability Co	mpany," the designation	on "LLC" or the abbre	viation "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	ODRESS)			<del>=</del>	N10
				A	-15EC
		•	-	<u></u>	<del>- 조</del> 주
Enter new mailing address, if applicable:				0	SAL
(Mailing address MAY BE A POST OFFICE BOX)	 )		<u>,                                      </u>	3	- 1년부 - 1년부 - 1년부 - 1년 - 1년 - 1년 - 1년 - 1년 - 1년 - 1년 - 1년
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B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office : ddress here:	address on our r	ecords, <u>enter th</u>	e name of	<u>the nev</u>
Name of New Registered Agent:	<del></del>		<del></del>	_	
New Registered Office Address:					
		Enter Florida street	address		
			Florida		
	C	iiy.		Zip Code	
New Registered Agent's Signature, if changing Registe	red 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, 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>Address</u> Type of Action FEMMIDA TARAL \_□ Change □ Add ☐ Remove \_□ Change ☐ Remove ☐ Change □ Add □ Remove \_\_\_\_ 

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an effective date is lote: If the date i	other than the di listed, the date must b nserted in this bloc ve date on the Depa	e specific and k does not m	cannot be prio	cable statutoi	ng or more than y filing requir	(opti 90 days afier rements, thi	filing.) Pursi	uant to 605.0	02( d a
record speci	fies a delayed e	offective d	ate but s	nt an offoc	tiva tima  =	+ 12-01 -	\ m	ناسمه مم	<b>.</b> .
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