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Certified Copies	_ Certificates	of Status
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S. YOUNG

AUG 0 9 2019



July 12, 2019

AUTUMN SUNA RICH AUTUMN SUNA, LLC 186 SE 12 TERRACE APT 2001 MIAMI, FL 33131

SUBJECT: AUTUMN SUNA, LLC Ref. Number: L18000218794

We have received your document for AUTUMN SUNA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

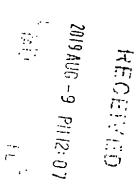
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young Regulatory Specialist II

Letter Number: 719A00014054



Autumn Suna, LLC 186 SE 12 Terrace Apt 2001 Miami, FL 33131 Phone: (786) 253-1568

June 11, 2019

Department of State Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section- Amendment to Limited Liability Company

Dear Sir or Madam:

I would like to amend my LLC by changing my name as the Registered Agent and Manager from Autumn Suna to Autumn Suna Rich because I was recently married. I would also like to request my Certificate of Status. My Florida document number is L18000218794. The date of filing is 9/14/18. I have enclosed a check for \$30 for the Filing Fee and Certificate of Status. Thank you.

Sincerely,

Autumn Suna

COVER LETTER

TO: Registration Section Division of Corporations

	Autumn Suna, LLC		
SUBJECT:	Name of Lim	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:	
		Autumn Suna Rich	
		Name of Person	
		Autumn Suna, LLC	
		Firm/Company	
		186 SE 12 Terrace, Apt 2001	
		Address	
		Miami, FL 33131	
		City/State and Zip Code	
		keup@gmail.com to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca		
Autumn Suna Rich		786 253-1568	
Name e	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for ti	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

Autum	n Suna, LLC	
(Name of the Limi	ted Liability Company as it now appears on our re- (A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited L. Landschafter Landschaften Landscha	iability Company were filed on	and assigned
his amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
<u>Principal office address MUST BE A STREE</u>	ET ADDRESS)	
		9
Enter new mailing address, if applicable:		NG -9
Mailing address MAY BE A POST OFFICE	BOX)	
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B. If amending the registered agent and registered agent and/or the new registered o		ords, enter the name of the
Name of New Registered Agent:	Autumn Suna Rich	
New Registered Office Address:		
	Enter Florida street ac	uress
	City	, Florida Zip Code
	City	ZID COME

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR Autumn Suna Rich	Autumn Suna Rich		
			Remove
		■ Change	
	<u></u>		
		□ Remove	
		Change	
			Add
			Remove
			□ Change
		□ Remove	
		Change	
		☐ Remove	
		Change	
		Add	
		□ Remove	
			☐ Change

	· ·
Note: If t	date, if other than the date of filing:
If the record (b) The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	Autumn Suna Rich Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00