300022667

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Chiproductor_ph. Hone xy	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	·
Special Instructions to Filing Officer:	
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Office Use Only



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12/07/18--01028--008 **25.00

12/07/18--01028--009 **30.00

3, 311 S. PRATHER



December 13, 2018

Yolanda Powell 9275 Clubview Trce Riverdale, GA 30274

SUBJECT: SUNRAY TRANSPORT, LLC

Ref. Number: L18000226674

We have received your document for SUNRAY TRANSPORT, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Letter Number: 918A00025555

Lyn Shoffstall Bureau Chief

www.sunbiz.org

COVER LETTER

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

Sunray Transport	pany as it now appears on our records.) I Liability Company)	2018 J
The Articles of Organization for this Limited Liability Compan	, , ,	SS and assigned
Florida document number		
This amendment is submitted to amend the following:		t.
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
	9275 c/45i	
Enter new mailing address, if applicable:	Riverdale Gr	
(Mailing address MAY BE A POST OFFICE BOX)	Niverdale Gr	130679
		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		iter the name of the nev
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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBC	Shoko Murata	10736 Jefferson 37 #434 outver city CA	V d D Xdd なび ^C □ Remove
			☐ Change
MER	Derrick Powell	2936 TieMa Ave	
		Winter Haven F1 33	FS Remove
			□ Change
			🗆 Add
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			D Add
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			Change

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fective date, if other than the date of filing:	r filing.) Pursuant to 605,020
record specifies a delayed effective date, but not an effective time, at $12:01\ a$. The 90th day after the record is filed.	a.m. on the earlier (
ted 01/11/2019.	2019
Signature of a member or authorized representative of a member	
المراجي المستراف والمتاب والمسترور المناز والمراوي والمسترور والمسترور والمراوي والمسترور والمست	<u>-</u>
Signature of a member or authorized representative of a member	ASSEL J

Page 3 of 3

Filing Fee: \$25.00