L18000252892

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





600331134446

Y SULKER
JUL 18 2013





July 5, 2019

SUNRISE CUSTOM SERVICES LLC 1710 OAKCREST DRIVE SOUTHPORT, FL 32409

SUBJECT: SUNRISE CUSTOM SERVICES LLC

Ref. Number: L18000252892

We have received your document for SUNRISE CUSTOM SERVICES LLC and your check(s) totaling \$25.00. 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.

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.

Yasemin Y Sulker Regulatory Specialist III

> 2019 JUL 17 AM 9: 4 55 AM AM AM 9: 4

Letter Number: 519A00013615

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability C</u> (A Florida Lia	Company as it now appear mited Liability Company)	's on our records.)			
The Articles of Organization for this Limited Liability Com-	pany were filed on Oct	tober 29, 2018	and assigned		
Florida document number L18000252892					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	l liability company he	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the ab	obreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u></u>				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			2019		
		•			
		•			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on	our records, enter	the name of the		
egistered agent and of the new registered office address	uere.		- 5 C		
Nome of New Pagistured Assets					
Name of New Registered Agent:					
New Registered Office Address:	Est m IVI mi	J	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Enter Florida street address				
	City	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Ag			ings conte		
hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete the obligations of my position as registered agent	agree to act in this ca lete performance of m as provided for in Ch	ly duties, and I am fa apter 605, F.S. Or. i	miliar with and f this document is		
peing filed to merely reflect a change in the registered of company has been notified in writing of this change.	fice address, I hereby	confirm that the lim	ited liability		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) awhorized 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>Name</u>	Address	Type of Action
MGR	Alva Whaley	1710 Oakcrest Drive Southport, FL 32409	
			■ Remove
			□ Change
MGR	Richard Whaley	1710 Oakcrest Drive Southport, FL 32409	Add
			Remove
			☐ Change
			Add
			☐ Remove
			Add Add
			□ Remove
			□ Change
			Remove
		· · · · · · · · · · · · · · · · · · ·	☐ Change
			П Remove
		-	Change

		_ -			· · · · · · · · · · · · · · · · · · ·				
					 .	·			
			_				•		
					· · · · · · · · · · · · · · · · · · ·	<u> </u>			
 .						-			
				 .					
			· · · · · ·			<u>-</u>	<u></u>		
			<u> </u>		_ -				
					····				
				 -		 .		<u> </u>	~= 5~1
		_						=	ة لأ بسيد. سد
							· ·	<u></u>	, mm (
							73.		ة. يو س
							, 1		**************************************
								5	
. Effective da	ate, if other than the	date of filing	^.			(a nti anal	`		
(If an effective Note: If the	date is listed, the date must date inserted in this ble effective date on the De	t be specific and ock does not n	cannot be prior	able statutory	or more than 90 filing requirem	(optional days after filin ents, this dat	e.) Pursuan	t to 605.02 be listed	207 (3 as the
the record s) The 90th	specifies a delayed n day after the reco	effective dord is filed.	late, but no	t an effecti	ve time, at 1	.2:01 a.m.	on the	earlier	of:
Dated June 1	19th	 ;	2019	·					
-	Tigh	Signature of a n	L L L	haler prized represent	ntive of a membe	r			
				. /					
n:	ichard Whaley								

Page 3 of 3

Filing Fee: \$25.00