1190000 82141

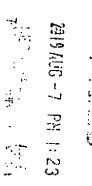
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corporations
SUBJECT: Sancise Blue Collar Group, LLC 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:
Joseph Swett Name of Person
Suncise Blue-Collar Group, LLC
1116 Nebraska Are
Palm Harber, Fl 34683 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Joseph Swett at (727) 410-0218 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Signature Solution So

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

TO ARTICLES OF ORGANIZATION OF

Sunrise Blue Collar	Group, LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number 429000 82141.	wwere filed on <u>3/25/19</u>	and assigned
•		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		
	thry Company. The designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		PR C
(Mailing address MAY BE A POST OFFICE BOX)		
		ن ن
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>ent</u> e:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Garry Hall	2172 Newbury Ct Palm Haber, FL 34683	j≥ Add
		Palm Habar, FL 34683	□ Remove
			Change
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~	
(If an ei Note:	ye date, if other than the date of filing:
If the re (b) The	ord specifies a delayed effective date, but not an effective time, 12:01 a.m. on the earlier of:
Dated	30 July 2019
	Jones Company of the
	Signature of a member or authorized representative of a member
	Joseph Savet
	Typed or printed name of single