L20000006300

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

Office Use Only



700344166057

05/08/20--01006--001 **30.00

COVER LETTER

TO: Registration Section Division of Corpo	on . `` rations		
sunings.	SUNSINE FI	REIGHT ILC	
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	MILAN	RAJSIC	
		Name of Person	ing: SIC FPETAHT LLC ompany MD DR tress SPC 37259 ad Zip Code YAHOO. COM uture annual report notification) MOY Daytime Telephone Number Filing Fee & Certificate of Status & Certified Copy (radditional copy is enclosed) Street Address: Registration Section Division of Corporations The Centre of Tallahassee
	SUNS	SIME FRETAHT LL	<u>C</u>
		Firm/Company	
	498 R10	CHMOND DR	
	SAINT,	JOHNS PC 32250	1
	•	City/State and Zip Code	
	RAJSICDJ	DAX C YAHOO. COM	
•	E-mail address: (to	o be used for future annual report notification)	
For further information cond	cerning this matter, please ca	ill:	
ORAGANA	RAJSIC	at (904) 654-241	4
Name of Po	erson	Area Code Daytime Telephone No	umber
Enclosed is a check for the f	following amount:		
□ \$25.00 Filing Fee	♥ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	tificate of Status & tified Copy
Mailing Address:			
Registration Sec Division of Cor		<u> </u>	
P.O. Box 6327	porutions	•	
Tallahassee, FL	32314	2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUN SINE F	REIGHT	LLC	
(Name of the Limited Liability Compa (A Florida Limited I		records.)	
The Articles of Organization for this Limited Liability Company	were filed on 012	30/2019 and assigned	
Florida document number <u>L2000006300</u>		,	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
SUNSHINE FREIGHT The new name must be distinguishable and contain the words "Limited Liabil	LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation h.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	-	A ASSET	
		3. 3.	
Enter new mailing address, if applicable:		0. S	
(Mailing address MAY BE A POST OFFICE BOX)		A 200 2	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records,	enter the name of the new register	
agent and/of the new registered office address here.			
Name of New Registered Agent:)		
New Registered Office Address:	N/F		
	Enter Florida street	address	
	, Florida		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre	ee to act in this capacity	. I further agree to comply with t	
provisions of all statutes relative to the proper and complete	performance of my duti	es, 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>Name</u>	Address	Type of Action
			□Adđ
			□Remove
		-W/A-	□Change
			□Add
			Remove
			□ Change
			ZAMAY MAY
			رَيْدُ (Remove .
			□Change
			37. 1. 0.749 13.41 0.71 13.41 0.71
			□Remove
			Change
			□Add
		·	□Remove
			□Change
			□Remove
			∏C'hance

				_
			<u> </u>	_
				_
				
	-			_
				_
				_
			→ (0	79 189
				929 M
		N =	<u> </u>	<u>`</u>
	NI	<i>TT</i>		∞ ➣
	,		. <u></u>	<u> </u>
			2000	57
				_
				_
				_
				_
ective date, if other than the date	e of filing:		(optional)	
n effective date is listed, the date must be s te: If the date inserted in this block of	does not meet the applicable	ate of filing or more than 90 da statutory filing requireme	ays after filing.) Pursuant to 6 nts, this date will not be 1	05.020 isted a
cument's effective date on the Depart	lment of State's records.			
cord specifies a delayed effective dates is filed.	e, but not an effective time,	at 12:01 a.m. on the earlie	er of: (b) The 90th day at	fter the
	2020			
ded MAJ OS	2000			
ated MAJ OS	ZOZO Milan I ature of a member or authorize	Og 51 C d representative of a member		

Filing Fee: \$25.00