Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : COGENCY GLOBAL, INC. Account Number : I20000000088 : (800)221-0102 Phone Fax Number : (800)944-6607 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW SUNZ HOLDINGS, LLC Certificate of Status 1 Certified Copy 04 Page Count \$55.00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

12/8/20

Help

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To:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Sunz Holdings, LLC		
( <u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on November 6, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Sunz Holdings, LLC		-1 62
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	
		<u> </u>
Enter new mailing address, if applicable:		
•		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered	l office address on our records, enter the	name of the new regis
agent and/or the new registered office address here:		-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	da Zip Code
	City	129/ 6:00

## 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.

From: Merritt Walker

\*Fax: 15182130737

To:

Fax: (850) 617-6383

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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 = Ma $AMBR = Au$	anager ithorized Member		
Title	<u>Name</u>	Address	Type of Action
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			□Change

From: Merritt Walker

\*Fax: 15182130737

To:

Fax: (850) 617-6383

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