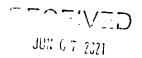
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(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

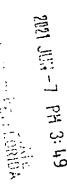
Office Use Only



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06/03/21--01012--028 **30.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Suna Global Express 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:
Synny Jean-pierre Name of Person
Synny Global Express Firm/Company
120 Ne sth Street Address
pompario beach, FL, 33060 City/State and Zip Code
E-paraddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sunny Jeun - Pierre at (554) 859-7131 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status
Mailing Address: Registration Section Street Address: Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	wappears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed on 3-11-202 and assigned Florida document number \(\) \(_ and assigned
Articles of Organization for this Limited Liability Company were filed on 3-11-2021 and assigned did adocument number \(\) \(
A. If amending name, enter the new name of the limited liability com	pany here:	
The new name must be distinguishable and contain the words "Limited Liability Compar	ny," the designation "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
	() =	7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	38.02 A.0.22	
B. If amending the registered agent and/or registered office address o	on our records, enter the name (of the new registere
	· · · · · · · · · · · · · · · · · · ·	
Name of New Registered Agent:		
	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.

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
MGR	Sunny Jean pierre	120 Ne 5th Street pompere	D □ Add
	·	beach FL 33060	□Remove
			🗆 Change
			□Add
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fective date, if other than the date of filing:	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of finte: If the date inserted in this block does not meet the applicable statute.	ling or more than 90 days after filing.) Pursuant to pry filing requirements, this date will not be	605.020 listed a
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The 90th day	after th
is filed.		
2 2201		
June 3, 2021 Signature of a member or authorized repre		
Aumil Thomas Dia		
Signature of a member or authorized repre	sentative of a member	-

Filing Fee: \$25.00