## L21000224826

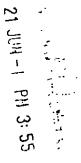
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
6/36/21 Tri

Office Use Only



200367233002

09/01/21--01922--020 \*\*25.90



## **COVER LETTER**

Division of Cor		r	
Sun2Moon			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Munisha Shandal-Dua		
		Name of Person	
	Sun2Moon, LLC		
		Firm/Company	
	960 Montercy Pt NE		
		Address	<del></del>
	St. Petersburg, FL, 33704		
		City/State and Zip Code	
	munisha.shandal@gmail.co		<del>,                                      </del>
		to be used for future annual report notif	tication)
For further information of	concerning this matter, please co	all:	
Munisha Shandal-Dua		917 975-1008	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration Sec	ction

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 JUN - I PM 3: 55

Zip Code

SUN2MOON, LLC		
(Name of the Lim	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited I Florida document number L21000224826	iability Company were filed on 05/14/2021	and assigned
This amendment is submitted to amend the fol	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	eable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE	<u>BOX</u> )	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, <u>enter the name</u> ss here:	of the new register
Name of New Registered Agent:	Suneet Dua	
New Registered Office Address:	960 Monterey Pt NE	
<u>-</u>	Enter Florida street address	
	St Potershuor 3370	4

## 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.

City

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 21 JUN -1 PM 3: 55

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Munisha Shandal-Dua	960 Monterey Pt NE, St. Petersburg, FL, 33704	🖹 Add
			□Remove
			□Add
			Remove
			□Add
		<del> </del>	🗆 Remove
			Change
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			🗆 Add
			□Remove
			Change
<del></del>	<del></del>		□Add
			□Remove
			□ Change

mending any other information, enter change(s) here: (Attach ad	21 JUN - 1 PM 3: 55
	21 Jun 1
	<del></del> -
<del></del>	· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·	
ective date, if other than the date of filing:	(entional)
effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.020
ie: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	filing requirements, this date will not be listed a
union s effective date on the Department of State's fections.	
cord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	a.m. on the earlier of: (b) The 90th day after the
, med.	
. 05/28/2021	
ed	
1 -2	
Signature of a member or authorized represen	ntative of a member
· ·	

Filing Fee: \$25.00