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((Requestor's Name)	
	(Address)	
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	(City/State/Zip/Phone #)	. <u>.</u>
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	(Business Entity Name)	
	(Document Number)	
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A. BUTLER

OCT 29 2021

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	SUN CITI	LIMO LLC		
SODIE	C1	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		MENDERES KULTUREI	L	
			Name of Person	
		SUN CITI LIMO LLC		
			Firm/Company	
		1200 NE 91ST STREET		
			Address	·
		MIAMI, FL 33138		
			City/State and Zip Code	
		E-mail address: (05 @ hotmail, co	ication)
For furt	her information c	oncerning this matter, please c		
MENDI	ERES KULTURI	EL	(305) 399-	6899
	Name o	f Person		· Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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

Street Address:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

SUN CITI LIMO LLC

FIRED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab Florida document number <u>L21000406816</u>	oility Compan	y were filed on 09/14/2	021	S Cand assigned
This amendment is submitted to amend the follow				
A. If amending name, enter the new name of t	he limited lia	bility company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liab	oility Company," the design	nation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	N/A		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or regagent and/or the new registered office address	istered office	address on our recor	ds, enter the na	me of the new registered
	N/A			
Name of New Registered Agent:	INTA			
New Registered Office Address:		Enter Florida si	reet address	<u> </u>
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered 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
AMBR	MENDERES KULTUREL	1200 NE 91ST STREET	
		MIAMI, FL 33138	□Remove
			□Change
			🗆 Add
			Remove
			□Change
			□Add
			□Remove
			Change
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ffective date, if other than the of an effective date is listed, the date must interest in this blo ocument's effective date on the De	be specific and cannot be p ck does not meet the app	olicable statutory fi	(option more than 90 days after fi ling requirements, this c	ling.) Pursuant to 605.0207 (
record specifies a delayed effective Lis filed.	date, but not an effectiv	e time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
ated OCTOBER 12	2021	·		
Man	f			
	Zignature of a member or a	uthorized representati	ve of a member	
' / /	·	•		