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COVER LETTER

	ration Section on of Corporations				
SUBJECT:	Lising	Sun	Commence nited Liability Company	lle	
)	Name of Lin	nited Liability Company	l	_
The enclosed Ar	rticles of Amendment	and fee(s) are sub	omitted for filing.		
Please return all	correspondence cond	cerning this matter	to the following:		
	t	enka e	Name of Person	uders	
			Firm/Company	1	_
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		0-/	Address FL City/State and Zip Code	2000	•
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For further infor	rmation concerning th			on nothication)	
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17_1_	Name of Person	<u>u watu</u>	at (<u>407</u>) 7	Daytime Telephone Nur	mber
Enclosed is a ch	neck for the following	amount:			
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<u>Mail</u> in	g Address:		<u>Street Addi</u>	ress:	
Regis	tration Section			on Section	
Divie	ion of Comoration	10	Division a	of Comporations	

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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Liny Sun Commerc LLC

(Name of t Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed onand assigned
Florida document number <u>L21000415665</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Step Ste
Principal office address MUST BE A STREET ADDRESS) Orlando H 3280
Enter new mailing address, if applicable:
Name of New Registered Agent: New Registered Office Address: Evika Guardad Signature Agent: When Registered Office Address: Enter Florida street address Enter Florida street address
City Florida: Tip Code Sew Registered Agent's Signature, if changing Registered Agent:
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
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		 +	□Remove
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