L21000506070

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Division TALLAHASSEE BARTIGHS

2022 JUL 26 PH 3: 25

of 7/20/2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUN LOGIST THE Name of Lin	mited Liability Company
The enclosed Articles of Amendment and fec(s) are sul	bmitted for filing.
Please return all correspondence concerning this matter	r to the following:
Mayol	Guteres Name of Person
Sunwait	Firm/Company
5225 N.	Alabastro do Address
Hernendi	City/State and Zip Code
E-mail address:	(to be used for future annual report notification)
For further information concerning this matter, please	call:
Mayol Gut one 2. Name of Person	at (357) 535 - 7 (4) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	2410 IN, MOHIOU SHEEL, SUITE 610

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunwast	Inswance Sa	Wich (CC)
(Name of the Limited Liab) (A Flori	lity Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number 1 210005060	Company were fried on	29 202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the design	nation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:	······································	
New Registered Office Address:	Enter Florida s	don't live
	Enter Florida s	
	City	, Florida <u>Zip Code</u>

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>	<u>Address</u>	Type of Action
MGR AMBR	MayolGutienez	5225 N. Alabasterd	Ir XIAdd
	1	1 January FL 34442	□Remove
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			□Remove
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Note: I	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
he record ord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	July 26, 2022.
	Signature of a member or authorized representative of a member Mayol Guthere Typed or printed name of signee

ETT E 655.00