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## COVER LETTER

Division of Corpo				
SUBJECT:	Sunaa	LL C nited Liability Company		
Object.	Name of Lin	nited Liability Company		
The enclosed Articles of Ar	mendment and fee(s) are sub	omitted for filing		
Please return all correspond	lence concerning this matter	to the following:		
	- ROCIO 1	Jame of Person  Jame of Person  June of Person  June of Person  June of Person  Jule  Address  Address	(J)	2024 J.J.
		7 Firm/Company		122
	6100 lak	e Ellend Dr Suite Address	215	
	01/97	do FL 32809 City/State and Zio Code	. r:	20
	F-mail address: (	This (als. com	ation)	
For further information con-	cerning this matter, please c	all:		
Rocio Bollo Nume of Po	Pao Reyos	at 427 , 508 - Area Code Daytime	SISS Telephone Number	
Enclosed is a check for the t	following amount:			
<b> \$\sqrt{\$25.00}</b> Filing Fee	S30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee Certificate of Sta Certified Copy (additional copy is or	itus &:
Tailing Address:		Street Address:		
Registration Sec		Registration Section		

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

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

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUMAR	LLC	
Franc of the Limited II (A.F.	ability Company as it now appears on our recording Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability		21 and assigned
a	ā:	~2
A. If amending name, enter the new name of the	limited liability company here:	SECRETARY OF THE SECRET
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	ODRESS)	19
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX		
	-	
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, <u>enter</u> <u>re</u> :	r the name of the new registered
same of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	£.
<u> </u>	, FI	lorida
	Virv	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

t 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

er 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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	V	Ollando, FL 32809	□Remove
			_ □Change
MSC	Midnel Upshire JR	6100 lake Ellewi Di rule 20	∠ ZAdd
·		ollardo j.F. L. 32809	_ □Remove
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If an effective date: Note: If the date	if other than the dates is listed, the date must be so inserted in this block of the date on the Depart	pecific and closes not me	annot be orionet the applic	able statutory	or more than 90 filing requires	(option) days after finents, this	nal) iling.) Pun date witt	STEERING TO BOOK TO	05,0 :sts:
e record specifies rd is filed.	a detayed effective dat	e, but not a	n effective t	ime, at 12:01	a.m. on the car	tier of: (b)	The 90	th dav af	ler
Dated <u>JC</u>	nually 157L	·	2024						
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