



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000285474 3)))



H220002854743ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : DOMINIUM CONSULTING SERVICES, LLC
Account Number : I20210000039
Phone : (407)374-2329
Fax Number : (407)412-5926

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LKC ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 AUG 23 PM 12:50

FILED
2022 AUG 23 PM 12:50
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEMIEUX

AUG 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LKC ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LEONARDO XAVIER COELHO

Name of Person

Firm/Company

6206 CASTELVEN DR, UNIT 102

Address

ORLANDO, FL, 32835

City/State and Zip Code

kemillioliveira.re@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONARDO XAVIER COELHO

813 439-8734

at ()

Name of Person

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 &
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
TO
ARTICLES OF ORGANIZATION
OF**

LKC ENTERPRISES LLC

(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 Liability Company were filed on 01/31/2022 and assigned
Florida document number L22000050999.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNRISE SOLAR SYSTEMS LLC

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:

6206 CASTELVEN DR, UNIT 102, ORLANDO, FL, 32835

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

6206 CASTELVEN DR, UNIT 102, ORLANDO, FL, 32835

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

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>	<u>Type of Action</u>
AMBR	KEMILLI DE OLIVEIRA	14878 FELLIS LN, ORLANDO, FL, 32827	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JADER VILAS BOAS DOS SANT	4109 CAYWOOD CIR, ORLANDO, FL, 32810	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIPE INACIO LIMA DA SILV,	12060 MEADOW BEND LOOP, APT 400,	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32821	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RENAN MOURA DE SOUZA	2478 LAKE DEBRA DR, APT 12105,	<input checked="" type="checkbox"/> Add
		ORLANDO, FL, 32835	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST, 23 2022

Leonard Kerner Coles

Signature of a member or authorized representative of a member

LEONARDO XAVIER COELHO

Typed or printed name of signee

Filing Fee: \$25.00