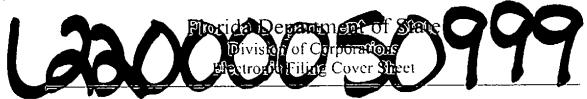
08/23/2022 12:41 PM TO:18506176383 FROM:4074125926 1 Page:

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Division of Corporations



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.

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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

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Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX AUG 2 4 2022

TO:18506176383 FROM: 4074125926 08/23/2022 12:41 PM Page: COVER LETTER TO: Registration Section **Division of Corporations** LKC ENTERPRISES LLC SUBJECT: 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 Daytime Telephone Number Name of Person

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) ☐ S60.00 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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LKC ENTERPRISES LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.22000050999	were filed on <u>01/34/2</u> 022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SUNRISE SOLAR SYSTEMS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	6206 CASTELVEN DR. UNIT 102, O	RLANDO, FL, 32835
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6206 CASTELVEN DR, UNIT 102, O	RLANDO, FL. 32835
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the na	FILED P
New Registered Office Address:	Enter Florida street address	H 12: 50

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.

City

Zip Code

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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
AMBR	KEMILLI DE OLIVEIRA	14878 FELLS LN, ORLANDO, FL, 32827	□Add
			Remove
			©Change
AMBR	JADER VILAS BOAS DOS SANT	4109 CAYWOOD CIR, ORLANDO, FL, 32810	\exists Add
			□Remove
			□Change
AMBR	FELIPE INACIO LIMA DA SILV	12060 MEADOW BEND LOOP, APT 400,	= Add
		ORLANDO, FL. 32821	□Remove
			□Change
AMBR	RENAN MOURA DE SOUZA	2478 LAKE DEBRA DR, APT 12105.	= Add
		ORLANDO,FL. 32835	□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: ___ (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 _ 2022 Leonardo Xavier Coelho Signature of a member or authorized representative of a member LEONARDO XAVIER COELHO Typed or printed name of signee

TO:18506176383 FROM:4074125926

12:41 PM

08/23/2022

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Filing Fee: \$25.00