Τo

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.

(((H240004251973)))



H240004251973ABC1

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 : FILE RIGHT LLC Account Number : I20170000091 Phone : (718)878-5811 : (718)732-4580 Fax Number

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

C 1	Address:		

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARKETING COST CONTROL SUNRISE LLC

Certificate of Status	()
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

JAN 2 2025.

2024-12-30 14-25:42 GMT

H24000340772 3

COVER LETTER

		ration Sect: on of Corpu			
er marez			G COST CONTROL SUNR	ISE LLC	
SUBJEC	.l:		Name of Lun	ited Liability Company	
The enclo	used A	rticles of Ar	nendment and fee(s) are sub	mitted for filing	
Please re	turn all	correspond	ence concerning this matter	to the following:	
				Name of Person	
			FILE RIGHT LLC		
				Firm Company	
			1425 37TH STREET, SUI	TE 201	
				Address	
			BROOKLYN, NY 11218		
				City, State and Zip Code	
			sales@fileacorp.com	to be used for future annual report no	an Gentian)
For furth	er infor	mation con	eerning this matter, please c	·	· · · · · · · · · · · · · · · · · · ·
Sara				718 878-5811	
Name of Person		at () Area Code Dayti	me Telephone Number		
Enclosed	is a ch	eck for the	following amount:		
■ \$25.0	00 Filir	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.90 Filing Fee & Certified Copy radditional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed.
		g Address: tration Se	ction	Street Address: Registration S	Section
Registration Section Division of Corporations				Division of Co	orporations
		Box 6327 iassee, FL	32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

2024-12-30 14 25.42 GMT

17187959036

From Mark Fuchs

H24000340772.3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2024 DEC 30 PH 5: 10
ALLAHASSEL- JA

MARKETING COST CONTROL SUNRISE LLC		LEAHASSE, LAINING
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	upany as it now appears on our records ted Liability Company)	A FLORIO.
The Articles of Organization for this Limited Liability Compa	my were filed on 03-15/2022	and assigned
lorida document number 1.22000107181		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	iability company here:	
IARMONY CONSULTING GROUP SUNRISE USA LLC		
he new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDRESS)</u>	<u></u>	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic	ce address on our records, enter t	he name of the new registo
gent and/or the new registered office address here:	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Litter Fuorida street address	
	, Flo	rida
	Cin	Ziji 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

To: Page: 5 of 6 2024-12-30 14 25:42 GMT 17187959036 From Mark Fuchs

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>	Name	Address	Type of Action
			DAdd
			ElRemove
			□Change
			Change Change
			A DRemove
			- AChange
			∃Add
			TRemove
			DChange
			∃Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			Ti Change

			······································	
·- ·- ·- · · · · · · · · · · · · · · ·				_
				5
		· · · · · · · · · · · · · · · · · · ·		20 PZ
				P. 5: 10
			<u> </u>	6
		······································	<u> </u>	
				
	<u> </u>			
ective date, if other than the da offective date is listed, the date must be te: If the date inserted in this block nument's effective date on the Depa	does not meet the applicable	ate of filing or more than 90 o statutory filing requirem	(optional) lays after filing.) Pursuant to 605 ents, this date will not be list	.0207 (ed as t
cord specifies a delayed effective d s filed.	ate, but not an effective time,	at 12.01 a.m. on the earli	er of: (b) The 90th day afte	r the
December 26	2024			
Signed by.	<u> </u>			
in the second se	mature of a monther or authorize	d gangacontains at a mambe	rr	
169284 120B3F 404 S18	nature of a member or authorize	d representative of a member	T	