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DIVISION OF COMPORATIONS

## **CORPORATE** ACCESS, \_\_\_\_\_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

I			•	WALK	IN			
		I	PICK UP:	4/26	DANNY			
	XX	CERTIFIED COPY	Υ					
	XX	CUS FILING	LLC	C AMEND				
1.	-	ZUNSUN EXPRESS (CORPORATE NAME AND D	, LLC DOCUMENT #)				-	
<ol> <li>3.</li> </ol>	-	(CORPORATE NAME AND D	OCUMENT #)					
4.	_	(CORPORATE NAME AND D						
5.	_	(CORPORATE NAME AND D	·					
6.	_	(CORPORATE NAME AND D	OCUMENT #)			-		
	CIAL TRU(	CTIONS:						

## **COVER LETTER**

TO: Registration Se Division of Corp			
SUBJECT: ZUNSUN E	EXPRESS, LLC.		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	MD MONWAR HOSSEN		<u></u>
		Name of Person	
	ZUNSUN EXPRESS, LLO	<u>.</u>	
		Firm/Company	<del></del>
	2265 FRIDAY CT APT 2	32	
		Address	
	WEST MALBOURNE FL	. 32904	
		City/State and Zip Code	
	aminconsulting@outlook.co	om to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	-	,
MD MONWAR HOSSE	N'	at (646 ) 961-1870	
Name of	f Person		ne Telephone Number
Enclosed is a check for th	ne 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 Addres	<u>s:</u>	<u>Street Address:</u>	
Registration S		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of 1	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Comp	any as it now appears Liability Company)	on our records.)			
	(A Florida Limited	Liability Company)				
The Articles of Organization for this Limited	Liability Company	were filed on 04/2	1/2022		and as	signed
Florida document number L22000166761	<del></del> '					J
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	oility company her	<u>e</u> :			
N/A						
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the	he abbrevi	ation "L	L.C."
The new name must be distinguishable and contain the Enter new principal offices address, if apple	icable:	562 E Eau Gallie	Blvd	TAI TAI	022	
Principal office address MUST BE A STRE	ET ADDRESS)	Indian Harbour B	each FL 32937	LA.	PR	
				ER.	26	9
Inter new mailing address, if applicable:		2265 FRIDAY C	Г АРТ 232	OF SI	AM 8:	MO
Mailing address MAY BE A POST OFFICE BOX)		WEST MALBOU	RNE FL 32904	72	58	
		<del> </del>				-
. If amending the registered agent and/or gent and/or the new registered office addre	registered office a	address on our rec	ords, <u>enter the r</u>	ame of	the ne	w regis
	MD MONWAF	R HOSSEN				
Name of New Registered Agent:		<del>_</del>				
	MD MONWAR	ie Blvd	Petron address			
Name of New Registered Agent:		ie Blyd Enter Florida	street address Florida	77004		

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>	Address	Type of Action
			□Add
			□Remove
			Change
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			SEORETAN ZO
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L April 25		2022						
ed April 25		2022	·					
_ MA Mm	Signature of a	5/2						
		<del></del>						
	Signature of a	member or aut	horized repres	entative of a me	mber			

Filing Fee: \$25.00