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.

(((H23000274205 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC

Account Number : I20190000047 Phone : (321)946-6560 Fax Number : (866)704-9120

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 **SUMOLCA LLC**

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Tallahassee, FL 32314

COVER LETTER

	ition Sec of Corp	tion orations		
SUBJECT.		SUMOLCA L	LC	•
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed Arti	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespon	dence concerning this matter	to the following:	
		CONTRERAS	S SUAREZ, SERGIO ANDRES	
			Name of Person	
			SUMOLCA LLC	
			Finn/Company	
		8	010 WALDORF CT	
			Address	
		ORL	ANDO, FL 32817	
			City/State and Zip Code	
			NGCENTER@SCTS1040.COM	
			to be used for future annual report no	tification)
For further inform	nation co	ncerning this matter, please c	all:	
SANDR	LA DANI	S RAMOS	407 205 0002	
	Name of	Person	Area Code Daytir	me Telephone Number
Enclosed is a che	ck for the	following amount:		
■ \$25.00 Filing	Fcc	S30.00 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)
	Address:		Street Address: Registration Se	ection
Divisio	n of Co	rporations	Division of Co	rporations
P.O. Bo	ox 6327		The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN	IOLCA LLC	
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on 01	and assigned
Florida document numberL2300005703		· ·
This amendment is submitted to amend the fo	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
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 appl	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		722
		2
		- <u>-</u>
B. If amending the registered agent and/or	registered office address on our i	records, enter the name of the new regis
agent and/or the new registered office addr	ess here:	24
		.
Name of New Registered Agent:	HECTOR MAZA	25
New Registered Office Address:	8010 WALDORF CT	
	Enter Flo	rida street address
	ORLANDO	, Florida ³²⁷⁴⁶
	Cin [,]	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.

Hector Maza,
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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	it be specific and cannot be pric ock does not meet the appli	or to date of filing or more the	(optional) nan 90 days after filing.) Pursuant to quirements, this date will not be	o 605.0207 (3): listed as the
the record specifies a delayed effective ord is filed.	e date, but not an effective	time, at 12:01 a.m. on th	e earlier of: (b) The 90th day	after the
Dated August 07th	. 2023			
	Sessio A. (Signature of a thember or auti	Contraras Sua horized representative of a	arez,	_
	SERGIO ANDRES CON			
		nted name of signee		_

Filing Fee: \$25.00