## L23000245224

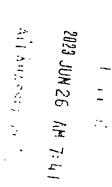
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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	2	COVER LETTER				
	gistration Section ision of Corporations	.54				
SUBJECT:	SUNSET CAR SALES LLC					
SUBJECT:	Name c	t Limited Utability Company				
The enclosed	d Articles of Amendment and fee(s) ar	e submitted for filing.				
Please return	all correspondence concerning this n	natter to the following:				
	ERKAN KAYA					
	Name of Person					
	SUNSET CAR SALES LLC					
	Firm Company					
	18161 PORTSIDE STREÉT					
	Address					
	TAMPA, FLORIDA	33647				
	City/State and Zip Code					
	LLCSUNSETAUTOSALES@GMAIL.COM					
		ress: (to be used for future annual report notification)				
For further in	nformation concerning this matter, ple	ase call:				
ERKAN KA	AYA	813 309-89-56				
Name of Person		at () Area Code Daytime Telephone Number				

Mailing Address:

■ \$25,00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

□ \$55.00 Filing Fee &

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Certified Copy

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F4, 32303

☐ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(addit onal copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION Property **OF** 2023 JUN 26 AM 7: 41

SUNSET CAR SALES LLC

(Name of the Limited Lindbidy Con (A Florida Limit	i <mark>pans as it now appears of our r</mark> ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000245224</u> .	my were filed on <u>C5-18-2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, g	enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	<sup>1</sup> nter Florèta street	
	Cin	Florida
New Registered Agent's Signature, if changing Registered Age		•

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 performence 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. Thereby 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
MGR	UMUTCAN YILDIRIM	350 IDLEWOOD DR	
		BOLINGBROOK, H. 69440	<b>■</b> Remove
MGR	ERKAN KAYA	18161 PORTSIDE STREET	<b>≣</b> Add
		TAMPA, FLORIDA 33647	
			C Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			Remove
			□Change
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ote: It the	ate, if other than the date of filing:	o 605.0207 e listed as
record spe is filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b). The 90th day	after the
06/2	0/2023	
	CRKAN KAGA	
-	Signature of a measurer or authorized representative of a meisiber	_
	ERKAN KAYA	

Filing Fee: \$25.00