## 649

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SUN AND SUNNY AUTO SALES (LC 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:
JULIAN ANDRES ARQUIO Brito Name of Person Sun and Sunny auto Sales Firm/Company
4795 Highway (UNIT 120)
City/State and Zip Code  Sinard Sunn Ja 1405a/BS @Gma/L com  E-mail address: (to be used for future annual report notification)
SUN and SUNN LA 1HO SA LES EGMA/L. (OM) E-thail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tuli Anandres arayor Brito at 3824 407-988-6297 407-408-41/28  Name of Person  Area Code Daytine Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Compan Florida Limited Li	y as if now appears on our ability Company)	log CL records.)	<u>. C</u>	
The Articles of Organization for this Limited Liab	oility Company v	vere filed on <u>Ob/</u>	27/2377	and assigned	
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the designation	n "LLC" or the abbrevia	tion "L.L.C."	
Enter new principal offices address, if applicat	ole:		<del></del>	_ <del>_</del>	
(Principal office address MUST BE A STREET	ADDRESS)		TO K	<u> </u>	
Enter new mailing address, if applicable:			NIAS S	LE 828 A	
(Mailing address MAY BE A POST OFFICE Be	<u>0X)</u>		775	7.05	
B. If amending the registered agent and/or reg	<u>here</u> :				
Name of New Registered Agent:	JUlia	~O Audre	5 ARAL	yo Bri	to
New Registered Office Address:	47-95	Filer Florida street	address	120	
	MIM.	S TL	Florida	2754 o 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

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	120000	Type of Action
MGN	Julian Autres ARA	yD Bruto	4795 Awy1	75 Add
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				□Change
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				□Remove
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D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(lf an efi <u>Note:</u>	ive date, if other than the date of filing:
ecord is fi	d 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 led.
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00