L74000 231 307

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	AIL
(Puriosa Estitutional)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
<u></u>	
Special Instructions to Filing Officer:	





400434321824

08/07/24--01013--019 **25.00



COVER LETTER

TO: Registration Se Division of Cor		•		, F	•
SUNTEXT	PABRIC LLC	•	,		
SUBJECT:	Name of Lin	nited Liability Company			•
The enclosed Articles of	Amendment and fee(s) are sub	amittad for filing			
		<u>-</u>			
Please return all correspo	ondence concerning this matter	to the following:			
	REYNIER MORALES				
		Name of Person		-	
	SUNTEXT FABRIC LLC				
		Firm/Company		_	
	5810 NW 200TH ST			, .	7%
	********	Address			2021 12.3
	HIALEAH, FL 33015				:5 1
		City/State and Zip Code	 -		
	REYNIERMORALES@GI				- 1 - 1 - - - - - - - - - - - - - -
For further information c	E-mail address: (to be used for future annual report notifi	ication)		ე. ()
	oncerning this matter, preuse e				
REYNIER MORALES	 	786 985-1203 at ()			-
Name o	f Person	Area Code Daytime	Telephone Numbe	r	
Enclosed is a check for the	he following amount:				
Ş \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 F Certifice Certifice (additional	ate of St I Copy	atus &
Mailing Address		Street Address:	tion		
Registration S Division of C		Registration Sec Division of Corp			
P.O. Box 632	.7	The Centre of Ta	allahassee		
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 8	310	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNTEXT FABRIC LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on	and assigned
Florida document number L24000231307		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		202 3:
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		1.1 = 1.1
3. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter th</u>	ري ا
		् _{.स} ्क
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City [.]	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.

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	<u>Address</u>	Type of Action
MGR	REYNIER MORALES	5810 NW 200TH ST HIALEAH, FL 33015	\exists Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			Change
		<u>-</u>	- DAdd
			프로 GRemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

		_	•	 -				
					<u> </u>			
			<u> </u>	-	·			
						_	-	
-					·			
_								
								~->
		.,	• • .				- .	7.32
							<u> </u>	<u> </u>
							: - -	1
							• • •	T:
-						-	<u> </u>	=
					 _		*17	<u> သ</u>
_			<u> </u>				.,	
					_	 -	 	
							-	
ective	date, if other than the	date of filir	ng:			(option	al)	
effect	ive date is listed, the date must the date inserted in this blo	be specific an	id cannot be pric	or to date of filin	ng or more than 90	days after fil	ing.) Pursi	iant to 605.020
umen	t's effective date on the De	partment of	State's record	s.	y ming require	mems, mis o	ate will i	ioi de fisied a
cord s	pecifies a delayed effective	date, but no	ot an effective	time, at 12:01	a.m. on the ear	rlier of: (b)	The 90th	day after the
s filed	,							
	8-7-27							
,	0 1 -	. <u> </u>	.,	<u> </u>				
ed			,					
ed								

POL P. ASSOC