P1500033487

| (Requestor's Name) | |
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| (City/State/Zip/Phone # |) |
| <u>_</u> | |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | • |
| (Dusiliess Littly Name) | • |
| | |
| (Document Number) | |
| | |
| Certified Copies Certificates of | Status |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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07/18/17--01013--013 **35.00



C. GOLDEN

JUL 1 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION | N:SUNRISE DEPO | T INC | |
|-----------------------------------|--|--|--|
| DOCUMENT NUMBER: _ | P15000022487 | | |
| The enclosed Articles of American | ndment and fee are su | bmitted for filing. | |
| Please return all corresponden | ce concerning this ma | tter to the following: | |
| CARLO | OS LONDON | | |
| | | Name of Contact Person | 1 |
| LOND | ON EXPRESS INTER | RNATIONAL INC | |
| <u></u> | | Firm/ Company | |
| 2750 M | IICHIGAN AVE | | |
| | | Address | |
| KISSIN | имее, florida 34 | 744 | |
| | | City/ State and Zip Code | |
| LONGONIO | encorrows as it cons | | |
| | 50@HOTMAIL.COM ———————————————————————————————————— | | TETTE N |
| Ü- | man address: (to be u | sed for future annual report | notification) |
| . . | | | |
| For further information conce | rung this matter, plea: | se call: | |
| | | , | |
| Name of Conta | act Person | at (Area Co |)de & Daytime Telephone Number |
| Nume of Com | ior r craon | 7 11 01 000 | de de Baytimo Fereprista Francis |
| Enclosed is a check for the fol | llowing amount made | payable to the Florida Depa | ertment of State: |
| ~ | \$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |
| Mailing Ad | | | Address |
| Amendmen | | | lment Section |
| | Corporations | | on of Corporations |
| P.O. Box 63 | | | Building |
| Tallahassee | , FL 32314 | | executive Center Circle assee, FL 32301 |
| | | i aliana | 18800, PT/ 3431/1 |

Articles of Amendment to

Articles of Incorporation of

| iled with the Florida Dept. of State) 3 AH : 57 | | | | |
|--|--|--|--|--|
| iled with the Florida Dept. or State) | | | | |
| | | | | |
| All address El Solo. | | | | |
| orporation (if known) | | | | |
| orida Profit Corporation adopts the following amendment(s | | | | |
| | | | | |
| The new | | | | |
| "company," or "incorporated" or the abbreviation ". A professional corporation name must contain the 4." | | | | |
| 3710 SILVER START RD | | | | |
| ORLANDO, FLORIDA 32808 | | | | |
| | | | | |
| 3710 SILVER START RD | | | | |
| ORLANDO, FLORIDA 32808 | | | | |
| s in Florida, enter the name of the | | | | |
| | | | | |
| | | | | |
| address) | | | | |
| , Florida | | | | |
| ity) (Zip Code) | | | | |
| | | | | |

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doc is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doc, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Mike Jones, V as Remo Example: | ove, and Sall | y Smith, SV as an Add. | |
|-----------------------------------|--|------------------------|--------------------------|
| X Change | <u>PT</u> | John Doe | |
| X Remove | \underline{Y} | Mike Jones | |
| <u>X</u> Add | $\underline{\mathbf{S}}\underline{\mathbf{V}}$ | Sally Smith | |
| Type of Action (Check One) | Title | <u>Name</u> | Address |
| 1) Change | D | MIREYA M ANGULO | 131 AT 1255 BELLE AVENUE |
| Add | | | WINTER SPRINGS, FLORIDA |
| X Remove | | | 32708 |
| 2) Change | D | ERIK G QUIROGA | 131 AT 1255 BELLE AVENUE |
| Add | | | WINTER SPRINGS , FLORIDA |
| X Remove | | | 32708 |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | _ | |
| Add | | | |
| Remove | | | |
| 6) Change | | _ | |
| Add | | | |
| Remove | | | |

| Augen a | dditional shee | ets, if necessary). | ticles, enter cha . (Be specific) | | | | |
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| it an an | <u>iendment pro</u> | ovides for an ex- | change, reclassit nendment if not | ncation, or can | <u>cellation of issue</u> | ed snares, | |
| <u>provisi</u> | not applicable | e, indicate N/A) | ienament ii not | contained in thi | e amendment it | <u>seu:</u> | |
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| | 07/07/2017 | |
|---|--|-------------------------------|
| he date of each amendment(s) a | doption: | , if other than the |
| ate this document was signed. iNi | MIDIATLY | |
| ffective date <u>if applicable</u> : | | |
| | (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this ocument's effective date on the D | block does not meet the applicable statutory filing requirements, this department of State's records. | ate will not be listed as the |
| Adoption of Amendment(s) | (<u>CHECK ONE</u>) | |
| The amendment(s) was/were ac by the shareholders was/were s | opted by the shareholders. The number of votes cast for the amendment ufficient for approval. | (s) |
| | proved by the shareholders through voting groups. The following staten reach voting group entitled to vote separately on the amendment(s): | ient |
| "The number of votes cas | t for the amendment(s) was/were sufficient for approval | |
| by | (voting group) | |
| | (voting group) | |
| ☐ The amendment(s) was/were action was not required. | lopted by the board of directors without shareholder action and sharehold | ler |
| The amendment(s) was/were ac action was not required. | lopted by the incorporators without shareholder action and shareholder | |
| 07/07/20 Dated | 017 | |
| Signature | Kann Sonjine Z | |
| select | director, president or other officer – if directors or officers have not beer ed, by an incorporator – if in the hands of a receiver, trustee, or other counted fiduciary by that fiduciary) | |
| | KAREN L SANJINEZ | |
| | (Typed or printed name of person signing) | |
| | PRESIDENT | |
| | (Title of person signing) | |
| | | |