P98000043100

(Requestor's Name)			
(Address)			
,			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: SUN ENTERPRIS	ES & DISTRIBUTOR INC			
	BER: (208000043100)				
The enclosed Articles	of Amendment and fee are su	bmitted for filing.			
Please return all corre	spondence concerning this ma	tter to the following:			
	BERTHONY LOUIS				
	•	Name of Contact Person	1		
	SUN ENTERPRISES & DIS	TRIBUTOR			
		Firm/ Company			
	1961 SW DELMONICO AV	E			
	Address				
	PORT ST LUCIE FL 34953				
		City/ State and Zip Cod	e		
BEI	RTHONY 123@YAHOO.CO!	vi			
 		to be used for future annua	Treport notification)		
			·		
For further informatio	n concerning this matter, plea	se call;			
BERTHONY LOUIS		at (<u>305</u>	332 5295		
Name o	of Contact Person	at (Area Co) de & Davtime Telephone Number		
randon da de elega	ad en e		,		
unclosed is a check to	r the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fee	□\$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 Add	ress:	Street Address:			
Amendment			lment Section		
Division of C			on of Corporations		
P.O. Box 632 Tallahassee,		The Centre of Tallahassee			
rananassee,	LT: 070 L4	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

SUN ENTERPRISES & DISTRIBUTOR

(Name of Corporation as currently filed with	h the Florida Dept. of State)	_
P98000043100		
(Document Number of Corpora	ation (if known)	_
Pursuant to the provisions of section 607,1006, Florida Statut Incorporation:	es, this corporation adopts the following amendment(s) to its Articles of
A. If amending name, enter the new name of the corporat	ion:	
		The new
name must be distinguishable and contain the word "corporati "Inc.," or Co.," or the designation "Corp," "Inc," or "C "chartered," "professional association," or the abbreviation	20". A professional corporation name must contai	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	-
		-
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 23
		31 - 31
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		1 PM 3: 50
Name of New Registered Agent		50
····	orida street address)	
New Registered Office Address:	, Florida	_
	(City) (Zip Code)	
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am fai	Agent: miliar with and accept the obligations of the position.	
Signature of New Regis	stered 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 Doe 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 Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change	<u>PT</u>	John De	<u>oe</u>	
X Remove	<u>v</u>	Mike Jo	ones	
X Add	<u>sv</u>	Sally Sr	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		<u>Name</u>	<u>Addres</u> s
1) Change	P		OLNA VILSON	1961 SW DELMONICO AVE
Add		_		PORT ST LUCIE FL 34953
X Remove				
2) Change		_		
Add				
Remove 3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				<u> </u>
6) Change		_		
Add				
Remove				

	If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
	•
	-
	f an amendment provides for an exchange, reclassification, or cancellation of issued shares,
	provisions for implementing the amendment if not contained in the amendment itself:
	(if not applicable, indicate N/A)
•	
_	
_	

05/15/2023	
The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	l(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following states must be separately provided for each voting group entitled to vote separately on the amendment(s):	nent
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and sharehold action was not required.	der
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
05/15/2023 Dated	
Signature Shewe bowe B	
(By a director, president or other officer – if directors or officers have not been	
selected, by an incorporator – if in the hands of a receiver, trustee, or other co appointed fiduciary by that fiduciary)	urt
BERTHONY LOUIS	
(Typed or printed name of person signing)	
PRESIDENT	
(Title of person signing)	