

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNRISE CAPITAL MANAGEMENT, L.L.C.
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:

GAVIN BEEKMAN
Name of Person
SUNRISE CAPITAL MANAGEMENT
Firm/Company
777 BRICKELL AVE, SUITE 1200
Address
MIAMI, FL, 33131
City/State and Zip Code
gavin@suncappartners.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAVIN BEEKMAN at (786) 587 - 1548
Name of Person Area Code & Daytime Telephone Number

FILED
10 MAY 18 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNRISE CAPITAL MANAGEMENT, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/04/2008 and assigned Florida document number L08000055485.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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)

FILED
10 MAY 10 PM 2:15
STATE ARCHIVE OF FLORIDA
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EYTON INVEST, L.L.C.

New Registered Office Address:

777 BRICKELL AVENUE, SUITE 1200

Enter Florida street address

MIAMI

Florida

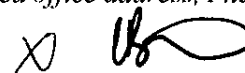
33131

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

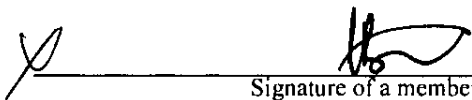
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	EYTON INVEST, L.L.C.	777 BRICKELL AVE, STE 1200 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AROYA, L.L.C.	777 BRICKELL AVE, STE 1200 MIAMI, FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Sunrise capital partners llc	777 BRICKELL AVE, STE 1200 MIAMI, FL 33131	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
 10 MAY 10 PM 2:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____, _____



 Signature of a member or authorized representative of a member

GAVIN BEEKMAN

 Typed or printed name of signee