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14 JAN 21 PM 3: 37
SECRETARY OF STATE
TALL AHASSEE FLORID

COVER LETTER

TO: **Registration Section Division of Corporations** Capitol Hill Investements LLC 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: Gunther Sanabria Name of Person Firm/Company 616 5th Street NE Address Washington, DC 20002 City/State and Zip Code guntherwpb@yahoo.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gunther Sanabria Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

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

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Capitol Hill Investments LLC	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compartion of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of Organization for this Limited Liability Comparts of the Articles of Organization for this Limited Liability Comparts of Organization for the Organization for	
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:
GS Sunrise Investments LLC	
The new name must be distinguishable and end with the words "Limited L	iability 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)	TAS -
	HAS 2
Enter new mailing address, if applicable:	Sti-<
(Mailing address MAY BE A POST OFFICE BOX)	
	ORA S C
	DA A
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the no
registered agent and/or the new registered office address in	ici e.
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

	Authorized Member	Address	Tupe of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action □ Add
		_	
			□ Remove
			☐ Remove
			ALCO Add COMP
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			OF STATE LORIDA
		 	Add
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			□ Add
			Remove
			
***************************************		***	Add
			□ Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	date, if other than the date of filing:
Dated	Gunth dha
	Signature of a member or authorized representative of a member
	Conther Sanabria
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALL AHASSEF, FLORIDA