

L13 000177371

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

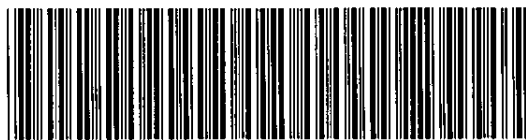
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 2/6/14

NAME: 2611 WAREHOUSE LLC

TYPE OF FILING: AMENDMENT

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2611 Warehouse 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:

David Engelke

Name of Person

Firm/Company

609 2nd Key Drive

Address

Ft. Lauderdale, Florida 33304

City/State and Zip Code

daveengelke@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Engelke

Name of Person

at (917) 855-2592

Area Code

Daytime Telephone Number

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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2611 Warehouse LLC

(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 December 27, 2013 and assigned
Florida document number L13000177371

This amendment is submitted to amend the following:

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

Sunrise Land Ventures II, LLC

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:

609 2nd Key Drive

(Principal office address MUST BE A STREET ADDRESS)

Ft. Lauderdale, Florida 33304

Enter new mailing address, if applicable:

609 2nd Key Drive

(Mailing address MAY BE A POST OFFICE BOX)

Ft. Lauderdale, Florida 33304

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:

David Engelke

New Registered Office Address:

609 2nd Key Drive

Enter Florida street address

Ft. Lauderdale

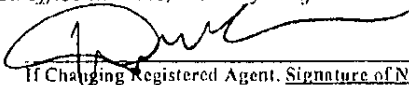
, Florida 33304

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

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Clarke P. Harlow	401 SE 25th Avenue, 203 Ft. Lauderdale, FL 33301	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	David Engelke	2nd Key Drive Ft. Lauderdale, FL 33301	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 6, 2013



Signature of a member or authorized representative of a member

David Engelke

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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STATE OF FLORIDA
DEPARTMENT OF STATE