L13000666502

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRE JARY OF STATE BIVISION OF CORPORATIONS

'JUN 2 5 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SURFECT: SUNRAY 1, 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:

FREDERIC BARTHE

Name of Person

FREDERIC BARTHE PA

Firm/Company

17 SE 24TH AVE

Address

POMPANO BEACH, FL 33064

City/State and Zip Code

FMB@BARTHE-LEIGH.COM

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

For further information concerning this matter, please call:

FREDERIC BARTHE

954 784 2800

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRAY 1, LLC		_
(Name of the Limited Liability Compa (A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000066502</u>	ت مياهي	SECRETARY DISION OF C isign JUN 24
This amendment is submitted to amend the following:		YOF OF
A. If amending name, enter the new name of the limited liab		STATE RATION 3: 39
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
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) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street	address
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and age the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as	plete performance of my duties, and	d I am familiar with and

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 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>	Name	Address	Type of Action
MGR	BAUCH, ERIC	100 N BISCAYNE BLVD SUITE 2904	Add
		MIAMI, FL 33132	Remove
MGR	BAUCH, GUILLAUME	100 N BISCAYNE BLVD SUITE 2904	Add
·		MIAMI, FL 33132	Remove
			Add
			Remove
			Add
			Remove PERSON FILE
			P P POPE S P P P P P P P P P P P P P P P P P P
			Remove

amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
The	2015
The	727
	Signature of a member or authorized representative of a member
FRE	DERIC BARTHE ESQ.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF SIAL BUYISION OF CORPORATIONS

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