## L0100006820

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**EXAMINER** 



400159910414

09/04/09--01013--020 \*\*25.00

SECRETARY OF STATE

## **COVER LETTER**

	gistration Section ision of Corporation	ns	•					
SUBJECT:		SUNSET	VIEWS, L.L.C.					
			ted Liability Company					
The enclose	d Articles of Amendn	nent and fee(s) are sub	mitted for filing.					
Please retur	all correspondence of	concerning this matter	to the following:					
			Jose Pedreira		_			
Name of Person								
Sunset Views, L.L.C.								
Firm/Company								
PO Box 546916								
Address								
	_							
City/State and Zip Code								
	joepedreira@yahoo.com  E-mail address: (to be used for future annual report notification)							
For further i	nformation concernin	g this matter, please c	all:					
	Name of Person		at (_305_)	aytime Telephone Numb	er			
Enclosed is	check for the follow	ing amount:						
<b>₽</b> \$25.00 F		.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	losed) Certific	iling Fee, cate of Status & ed Copy onal 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

SUNSET VIEV	WS, L.L.C.			
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appear: ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company with Florida document number L0100006820	vere filed on	04/30/2001	and assigned	
Fiorida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here	<b>≘:</b>		
The new name must be distinguishable and end with the words "Limite L.L.C."	d Liability Compar	ny," the designation "LL	.C" or the abbrev	riation
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 office		ur records, <u>enter th</u>	e name of the	new
registered agent and/or the new registered office address here:				
Name of New Registered Agent:				
New Registered Office Address:	-		09 SE TAL	
New Registered Office Address.	Ent	er Florida street addre	255 A	_ 
		, Florida	ASS L	=
	City		ZID Code	m
New Registered Agent's Signature, if changing Registered Agent:			25 <b>66</b>	
I hereby accept the appointment as registered agent and agree				
the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr				
being filed to merely reflect a change in the registered office a				

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = N MGRM =	1anager • Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	· 		Add Remove
			Add Remove
			Add Remove
	ending any other information, enter on NEED TO AMEND EIN # TO The	change(s) here: (Attach additional sheets, if necessary.) HE FOLLOWING: 65-1110704	_
-			
Dated	09/01 , Signature of a m	2009 .  Della .  nember or authorized representative of a member	PILET
	-	JOSE F. PEDREIRA Typed or printed name of signee	B: #7

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Filing Fee: \$25.00