Lanona974

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700271697657

04/13/15--01027--016 **25.00

2015 APR 13 PH 4: 39

-28.00 PM

ARTICLES OF AMENDMENT TO ** ARTICLES OF ORGANIZATION OF

TRIKON SUNRISE ASSOCIATES, LLC

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L02000012974</u> .	were filed on 05/28/2002 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	ility 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)	
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the name of the
registered agent and/or the new registered office address here	
Name of New Registered Agent:	

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			□ Remove
			Add
			☐ Remove
			200 Remove
			GEN Add CONTROL CONTR
			Add
			□ Remove

Articles of Organization of the Company, the sole Member of the Company is SAM Sawgrass DE, LLC, a Delaware limited liability company. Sective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after that the date this document is filed by the Florida Department of State) The date this document is filed by the Florida Department of State)	Notwithstanding anything contained in the Second Amended and Restated
cetive date, if other than the date of filing:	Articles of Organization of the Company, the sole Member of the Company
ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State) March Day: 17th 2015	SAM Sawgrass DE, LLC, a Delaware limited liability company.
Stenature of a member or authorized representative of a member	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State) March Danie 17 TH 2015

Page 3 of 3

Filing Fee: \$25.00

