

Florida Department of State
 Division of Corporations
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L03000016979

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(((H23000284461 3)))



H230002844613ABC/

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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : LAW OFFICES OF NELSON & NELSON, P.A.
 Account Number : I20230000119
 Phone : (305)932-2000
 Fax Number : (305)932-6585

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ALEXANDRA@ESTATETAXLAWYERS.COM

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 SUN INVESTMENTS, LLC**

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 T. LEMIEUX
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FAX AUDIT NUMBER: H23000284461 3
**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sun Investments, 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 May 12, 2003 and assigned Florida document number L03000016979.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

3615 NW 2ND AVENUE

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33127

Enter new mailing address, if applicable:

3615 NW 2ND AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33127

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:

Spencer Kramer

New Registered Office Address:

3615 NW 2ND AVENUE

Enter Florida street address

Miami

City

Florida

33127

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 Authorized Person(s) authorized to message, enter the title, name, and address of each person 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

