## LD5000003569

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**EXAMINER** 

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration S Division of Co					
SUBJECT: Sunrise Developer Partnership, LLC						
2020			ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please	return all corresp	ondence concerning this matter	r to the following:			
· · · · · · · · · · · · · · · · · · ·		John W. Chapman				
Chapr			man & Plymale Law, P.A	Α.		
			Firm/Company			
100 \$			W Albany Ave., Suite 31	0		
Stuart, Florida 34994  City/State and Zip Code						
		jchapma E-mail address: (	an@treasurecoastlegal.c to be used for future annual report n	otification)		
For fur	ther information	concerning this matter, please of	eall:			
		n W. Chapman	at (_772 )	283-2626		
	Name	of Person	Area Code & Day	time Telephone Number		
Enclose	ed is a check for	the following amount:				
<b>₹</b> 25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunrise Developer F	Partnership,	L.L.C.				
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	<b>ny as it now appea</b> Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Company were filed on01/05/2005 and assigne Florida document numberL05000002569						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :				
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Comp	any," the designation "L	C" or the abbreviation			
Enter new principal offices address, if applicable:	4967 SE Federal Hwy.					
(Principal office address MUST BE A STREET ADDRESS)	Stuart, Florida 34997					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, <u>enter t</u>	e name of the new			
Name of New Registered Agent:						
New Registered Office Address:		· <del></del>				
	Enter Florida street address					
·	City	, Florida	Zin Gode			
New Registered Agent's Signature, if changing Registered Agent:	ŕ		AN 25 ETARY			
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change	lete performance provided for in C	e of my duties, and I at Thapter 608, F.S. Or, i	n faintliar with and f this document is			

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Stone, R. Scott, Jr.	5287 SW Orchid Dr. Palm City, Florida 34990	Add  ✓ Remove
		Paim Gity, Florida 34990	V Remove
			☐ Add ☐ Remove
			☐ Add
			Add
			Add
			Remove
			D D am au a
D. If ar	nending any other information, er	nter change(s) here: (Attach additional sheets, if ne	cessary.)
Dated _	January 20	, <u>20 10</u> .	10 JAN SECRET
	Signature of	of a member or authorized representative of a member	25 AR
	Joi	of a member or authorized representative of a member  h n W. Chayman  Typed or printed name of signee	OF STATE OF
		Page 2 of 2	: 36 IATE ORIDA

Filing Fee: \$25.00