

LOS 000066210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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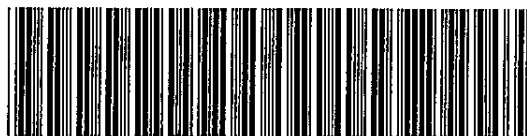
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 11 AM 11:57

Attest

AUG 12 2005

TRANSMITTAL LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSET PLACE 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:

ALFREDO ADISSI

(Name of Person)

SUNSET PLACE LLC

(Firm/Company)

C/O 11225 NW 131 ST

(Address)

MEDLEY, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (305) 888-8138
(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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNSET PLACE LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on JULY 06, 2005 and assigned document number L05000066210.

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:

EFFECTIVE DATE FOR ALL CORRECTIONS: JULY 06, 2005

ARTICLE II - PRINCIPAL ADDRESS AND MAILING ADDRESS
CHANGE TO 11225 NW 131 ST MEDLEY, FL 33178

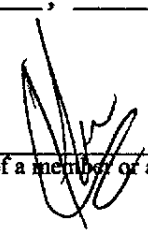
ARTICLE IV - CHANGE REGISTERED AGENT FROM ROBERTA INGLETTO TO
GALE S. CRAWFORD 11245 NW 131 ST MEDLEY, FL 33178

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DIVISION OF CORPORATIONS
05 AUG 11 AM 11:57

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 608 F.S.


Signature of Registered Agent Gale S. Crawford

Dated AUGUST 10, 2005



Signature of a member or authorized representative of a member

ALFREDO ADISSI

Typed or printed name of signee

Filing Fee: \$25.00