05000096829

(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busir	ess Entity Nan	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer	

A. LUNT

JAN -8 2013

EXAMINER

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COVER LETTER

TO:

Registration Section Division of Corporations

SHR IFCT.

AROYA VENTURE, L.L.C.

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:

Daniel Charnoff

Name of Person

Aroya Venture, L.L.C.

Firm/Company

777 BRICKELL AVENUE STE 1200

Address

MIAMI, FL 33131

City/State and Zip Code

daniel@suncappartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Charnoff

305 931-2005

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)

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

AROYA VENTURE, L.L.C.		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability of Florida document number _L05000096829	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," t	he designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	¼ 2
		The state of the s
Enter new mailing address, if applicable:		With the second
• • • • • • • • • • • • • • • • • • • •		Mo T
(Mailing address MAY BE A POST OFFICE BOX)		
		957 😜 🖰
B. If amending the registered agent and/or regis	stared office address on our r	⇒ ' €)
registered agent and/or the new registered office add		ecords, enter the hame of the new
		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	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 608, 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

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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Eyton Invest, L.L.C.	777 Brickell Ave, Suite 1200	Add
		Miami, FL 33131	Remove
MGRM	Aroya, L.L.C.	777 Brickell Ave, Suite 1200	Add
		Miami, FL 33131	Remove
MGR	Sunrise Capital Management, L.L.C.	777 Brickell Ave, Suite 1200	- ☑ ✓ Add
		Miami, FL 33131	Remove
		JAHASSE SSE	2013 Add T
		E.F.LORIO	Remove
			Add Remove
		·	Add
			Remove

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dec	cember 11 ,2012
Dated Dec	, 2012 .
	Signature of a member or authorized representative of a member
	Gavin Beekman, Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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