

LG6000051779

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

JUL - 7 2008

EXAMINER

***Law Offices of Ana Maria Angulo™***  
***5975 Sunset Drive***  
***Suite 503***  
***South Miami, Florida 33143***

***Phone: (305) 567-0305***

***Telefacsimile: (305) 567-0716***

June 30, 2008

Florida Department of State  
Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: REGIONS loan to SUNSHINE**

To whom it may concern:

Enclosed please find the following documents in connection with the above captioned transaction:

1. Check in the amount of \$55.00 representing Filing Fee and Certified Copy fee, together with original Articles of Amendment for SUNRISE PROPERTY, LLC
2. Check in the amount of \$55.00 representing Filing Fee and Certified Copy fee, together with original Articles of Amendment for SUNRISE PROPERTY, LLC
3. Check in the amount of \$55.00 representing Filing Fee and Certified Copy fee, together with original of Amendment for SUN GROUP DEVELOPMENT, LLC

Thank you for your attention to this matter and if you have any questions whatsoever, please feel free to contact me.

Sincerely,

Ana Maria Angulo  
AMA/tb

Enclosures

H:\WPdoc\REGIONS BANK loan to GOMEZ (Prop-7975 NW 154th Street)\FL DEPT OF STATE-DIVISION OF CORPS.wpd

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNRISE PROPERTY II, 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:

Ana Maria Angulo  
(Name of Person)

Law offices of Ana Maria Angulo  
(Firm/Company)

5975 Sunset Drive, Suite 503  
(Address)

South Miami, FL 33143  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ana Maria Angulo at ( 305 ) 567-0305  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUNRISE PROPERTY II, 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 18, 2006 and assigned  
Florida document number L06000051779.

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 end with the words "Limited Liability 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)**

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TALLAHASSEE, FLORIDA

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**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:

New Registered Office Address:

(Enter Florida 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, 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ARTICLE VI: MANAGEMENT is revised as follows:

Delete Managing Member and substitute with MANAGER

ARTICLE VIII: POWER AND DUTIES is revised as follows:

Delete Managing Member and Substitute with MANAGER

Dated June 27, 2008



Signature of a member or authorized representative of a member

ELIEZER GOMEZ

Typed or printed name of signee