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SECKETARY OF STATE
AND ANASSEF, FLORIO

D. BRUCE
JUL 0 5 2011
EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	SUNNY ISLES	S PROPERTIES LLC			
	Name of Limi				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		DIEGO A. MARTINEZ			
	Name of Person				
	SUNNY				
	Firm/Company				
	2550 NW 72ND AVE SUITE 307				
		·Address			
	S _c				
		YOM@HOTMAIL.COM to be used for future annual report notific	ation) ASS		
For further information of	concerning this matter, please of	eall:	TAS IL	1	
DIEG	O A. MARTINEZ	at (786) Area Code & Daytime	3806276		
Name o	of Person	Area Code & Daytime	Telephone Number	T	
			TATE DRICE	<u> </u>	
Enclosed is a check for t	he following amount:		A		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is encl	losed)	
	•				

MAILING ADDRESS:

TO:

Registration Section

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

SUNNY	ISLES PR	OPERTIES	LU		
(<u>Name of the Limited L</u> (A F	liability Compar Torida Limited L	iy as it now appear: iability Company)	s on our records.)		
The Articles of Organization for this Limited Lial Florida document number L070000162		were filed on	02/13/2007	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liab	ility company here	<u>e</u> :		
	N/A				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compar	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicat	ole:	2550 NW 72N	ND AVE SUITE 30	7	
(Principal office address MUST BE A STREET ADDRESS)		MIAMI, FL 33	122		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of		MIAMI, FL 33	SEC. F.	TILL IN	
registered agent and/or the new registered office	ce address her	<u>e</u> :	NO _A	<u>e</u>	
Name of New Registered Agent:	DIEGO A. M				
New Registered Office Address:	2550 NW 72ND AVE SUITE 307 Enter Florida street address				
		City	, Florida	33122 Zip Code	
		Ony		p	

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 pereby confirm that the limited liability company has been notified in writing of this change.

If Changing Begistered Agent, Signature of New Registered Agent

Page 1 of 2

'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> Name

<u> 1 jtie</u>	<u>Name</u>		Address	Type of Action	
MGR	CASTANO, A	NA MARIA_	7791 NW 46TH ST, SUITE 22 DORAL, FL 33166		
P	DIEGO A. MA	ARTINEZ	2550 NW 72ND AVE SUITE (307	
N/A	<u>N/A</u>		N/A N/A N/A		
<u>N/A</u>	<u>N/A</u>	 	N/A N/A N/A		
N/A	<u>N/A</u>		N/A N/A N/A		
N/A	<u>N/A</u>		N/A N/A N/A	= = = = = = = = = = = = = = = = = = = =	
D. If an	mending any other infor	mation, enter change	(s) here: (Attach additional sheets, if n	ecessary.)	
	<u>N/A</u>				
	N/A			•	
	N/A			Tree :	
	N/A		,	ATT A STATE OF	
	N/A			THE THE PERSON NAMED IN COLUMN TO TH	
Dated _	06/20/2011			FLORIDA STATE OF 31	
Signature of a member or authorized representative of a member					
DIEGO A. MARTINEZ Typed or printed name of signee					
		• •	· ·		

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Filing Fee: \$25.00