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T. HAMPTON

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EXAMINER

COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Sunset	Investments Group,	LLC	
	(Name of Lim	ited Liability Company)	-
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Lina M. Osorio		
		(Name of Person)	
	Sunset Investments Grou	up LLC	
		(Firm/Company)	
	2000 SE 19 Street		
		(Address)	
	Homestead, Florida 3303	35	
		(City/State and Zip Code)	
For further information of	concerning this matter, please co	all:	
Lina M. Osorio		at (786) 597 - 602	22
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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:

TO:

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**

Sunset Investments Group, LLC (Name of the Limite)		now appears on our records Company)	<u>.</u>)	
The Articles of Organization for this Limited I	iability Company were fi	led on <u>07/02/2007</u>	nd assi	gned
Florida document number <u>I 0700006921</u>				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability con	mpany here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liab	ility Company," the designati	on "LLC" or the al	obreviation
Enter new principal offices address, if appli	cable:			9
(Principal office address MUST BE A STRE.	ET ADDRESS)		9 APR	SE CRE
			20	FILE OF CO.
Enter new mailing address, if applicable:			<u> </u>	ORPOS ORPOS
(Mailing address MAY BE A POST OFFICE	<u></u>		2: 54	TATE
B. If amending the registered agent and registered agent and/or the new registered of		dress on our records, <u>en</u>	ter the name of	the new
registered agent and/or the new registered to	ince address here.			
Name of New Registered Agent:	Lina M. Osorio			
New Registered Office Address:	2000 S. F. 19 ST	(Enter Florida stree	et address)	6
	Homestead		a 33035	
	(City)		(Zip Code	·)
New Registered Agent's Signature if changing	Registered Agents			

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 Title ' <u>Name</u> **Type of Action Address** MGRM. Fabio Osorio 2000 S.E. 19 Street Add Homestead, Florida 33035 Remove Berlay Betancur MGR 2000 S.E. 19 Street **p** ☐ Add Homestead, Florida 33035 ■ 7 Remove Add Remove ∫ Add Remove ☐ Add 🗂 Remove 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7/16/2009 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00