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JALLAHASSEE, FLORIDA

.011 JUN 30 PK 12: 04

J. SAULSBERRY EXAMINER JUL 1 2011

## **COVER LETTER**

TO:	Registration S Division of Co			
SUBJECT: SUNSE			T FOLIE, LLC	
50.00			ted Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
OLIVIER CORRE  Name of Person				
			Name of Leson	
			SUNSET FOLIE, LLC	<del></del>
			Firm/Company	
		5	03 12TH STREET, #7	
			Address	ALL:
		Mi	AMI BEACH, FL 33139	强 量 型
		<u> </u>	City/State and Zip Code	30 30 888
		ALAF(	DLIECAFE@GMAIL.COM to be used for future annual report notification)	P F
For fur	ther information of	concerning this matter, please of	·	2011 JUN 30 PM 12: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	OLI	VIER CORRE	at ( 786 ) 317-0512	V.
	Name o	of Person	Area Code & Daytime Telephone No	umber
Enclos	ed is a check for t	he following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy ditional copy is enclosed)
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRES Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	SS:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNS	SET FOLIE, LLC			
(Name of the Limited Liability (A Florida)	Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C	company were filed on	04/25/2008	and assi	gned
Florida document number	<u></u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation	"LLC" or the al	obreviation
Enter new principal offices address, if applicable:	<u></u>			
(Principal office address MUST BE A STREET ADDI	RESS)		<del>설</del> >>	· · · · · · -
		·····		
			AHA AHA	- E
Enter new mailing address, if applicable:			AR 30	************
(Mailing address MAY BE A POST OFFICE BOX)				
	<u></u>		<u> </u>	Real of the second
		_	RID.	_
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		our records, <u>enter</u>	the name of	the new
registered agent and/or the new registered office add	iess nere.			
Name of New Registered Agent:	30.1.1.2000000	4 · · · · · · · · · · · · · · · · · · ·		
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, <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 Acti	<u>ion</u>
MGR	DELPHINE LEFE BYRE		Add Remove	
MGR_	PEDRO HIJAR		✓ Add ☐ Remove	
			Add Remove	
			Add Remove	
	<del> </del>		Add Remove	
		> 	Add ↓Remove	
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	2011 JUN 30 PM 12: 04	
		P. OR OR	2:04	and a
Dated	JUNE 23rd , 201		_	
-	<u>-</u>	reauthorized representative of a member VIER CORRE	<del></del>	
		printed name of signee		

Page 2 of 2

Filing Fee: \$25.00