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C. LEWIS

JUL 1 4 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SONRISE HOLDINGS, 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:
GEORGE RALPH GIL Name of Person
SONRISE HOLDINGS, LLC. Firm/Company
6500 COWPEN ROAD, SUITE 202
Miami Laker, FL. 33014 City/State and Zip Code 691000128911. Com Le-mail address: (to be used for future annual report notification)
Ggildagujargil. Com Je-mail addresse (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (305) 926 - 8504 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, 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

FILED

2009 JUL 13 PM 2: 30

(Name of the Limited Lis	onrise Holdings, LLC	SECRETARY OF STATE OR OF ON OUR PECONIDA	
(A Flo	orida Limited Liability Company)	•	
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on	3/12/2009 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The new name must be distinguishable and end with th "L.L.C."	ne words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office		ar records, enter the name of the new	
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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Mahaging Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	George R. Gil	6500 Cowpen Road, Suite 202 Miami Lakes, FL 33014	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessar	y.)
			
 Dated	July 9,	2009	TILED SECRETARSEE.F
	Signature of a me	ember or authorized representative of a member	2009 JUL 13 PH 2: 30
	Alberto	yped or printed name of signee	<u>5</u>

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Filing Fee: \$25.00