(I	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
·	Business Entity Nam  Document Number)	, 
Certified Copies		of Status <u>in the co</u>
Special Instructions	to Filing Officer:	
	A. LUI	-
	OCT 27 200	19

**EXAMINER** 

Office Use Only



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## **COVER LETTER**

TO:

Registration Section

, Divisi	on of Corporations			
SUBJECT:	Suns	tone EPV, LLC		
_		mited Liability Company		
The enclosed A	articles of Amendment and fee(s) are s	submitted for filing.		
Please return al	l correspondence concerning this mat	ter to the following:		
	•	Pierre Elmaleh		2009 OCT 26 SECRETARS
		Name of Person		福马 聖
		Sunstone EPV, LLC		26
		Firm/Company		26 PH 2: 38 ASSEE FLORID
	12	1221 Brickell Ave., Ste. 949		
		Address		
		Miami, Florida 33131		
		City/State and Zip Code		-
	pie E-mail address	rre_elmaleh@hotmail.com	notification)	
For further info	rmation concerning this matter, pleas	•		
	Pierre Elmaleh	at ( 786 )	303-7255	
	Name of Person	Arca Code & Day	time Telephone Number	er
Enclosed is a cl	neck for the following amount:			
<b>√</b> \$25.00 Filin	g Fee \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certifie	ate of Status &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET/COL Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	rporations g <sup>rith</sup> in Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SI	instone EPV, LLC		
( <u>Name of the Limited Liat</u> (A Flor	pility Company as it now appears ida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili Florida document number	· · ·	otember 23, 2009 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:	.9	
The new name must be distinguishable and end with the "L.L.C."  Enter new principal offices address, if applicable	·	OCT 26	
(Principal office address MUST BE A STREET AI	ODRESS)		
		FLORIDE SANTE	
Enter new mailing address, if applicable:		, ji e	
Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re	0	r 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 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 **Name Address Type of Action MGRM** Pascal Nicolai 1221 Brickell Ave., Ste. 949 ☐ Add Miami, Florida 33131 Remove MGRM Capaluma Corporation 1221 Brickell Ave., Ste. 949 ✓ Add Remove Miami, Florida 33131 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 23 200g9 Signature of a member or authorized representative of a member Pascal Nicolai Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**