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(Requestor's Name)

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(City/State/Zip/Phone #)

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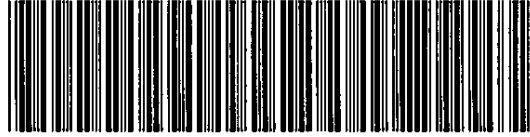
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
2016 JUN 24 P 12:55

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S Warren  
JUN 27 2016

BENNETT **B|T**

THRASHER

East Sunrise Boulevard LLC FLA Reinstatement

June 18, 2016

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Taxpayer: East Sunrise Boulevard LLC**

Dear Sir or Madam:

On behalf of the above-referenced limited liability company, we are enclosing the attached Articles of Amendment to Articles of Organization of East Sunrise Boulevard LLC together with a check in the amount of \$60.00 as required.

We trust the foregoing is sufficient to resolve any issues and to adjust the company's registration accordingly. However, if you have any questions or require any further information please do not hesitate to contact me at 678-302-1410.

Very truly yours,

Bennett Thrasher LLP



Patrick A. Williams  
*Partner*



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

EAST SUNRISE BOULEVARD, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on OCTOBER 22, 2009 and assigned  
Florida document number L09000102072.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Isidora Goyenechea 3000, oficina 1702

Las Condes, Santiago, Chile

7550653

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Isidora Goyenechea 3000, oficina 1702

Las Condes, Santiago, Chile

7550653

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

REGISTERED AGENTS INC

New Registered Office Address:

3030 N. ROCKY POINT DRIVE, STE 150A

*Enter Florida street address*

TAMPA

*City*

Florida

33607

*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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	R & A Developments, LLC	4775 Collins Avenue	<input type="checkbox"/> Add
		Apt. 3405	<input checked="" type="checkbox"/> Remove
		Miami Beach, FL 33140	<input type="checkbox"/> Change
AMBR	Francisco Colchero	Isidora Goyenechea 3000	<input checked="" type="checkbox"/> Add
		Oficina 1702, Las Condes	<input type="checkbox"/> Remove
		Santiago, Chile, 7550653	<input type="checkbox"/> Change
AMBR	Marco Delgado	Apoquindo 3472	<input checked="" type="checkbox"/> Add
		Oficina 1701, Las Condes	<input type="checkbox"/> Remove
		Santiago, Chile, 7550105	<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 FLORIDA  
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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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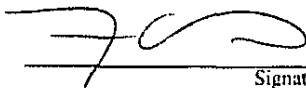
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated June 17 , 2016



Signature of a member or authorized representative of a member

Francisco Colchero

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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