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B. KOHR NOV 1 5 2010 **EXAMINER**

COVER LETTER

TO:	Registration Solvision of Con	ection rporations		. •
SUBJ	ECT:	SUNN'	Y ASSETS LLC	6
		Name of Lin	nited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are su	ubmitted for filing.	Ty.
Please	return all correspo	ondence concerning this matte	er to the following:	Ī
		Al	_VARO ACEVEDO, E.A.	
			Name of Person	
		ACE\	/EDO & ASSOCIATES LLP	
			Firm/Company	
		5201 BLUE LAGOON DR, PH 987		7
			Address	
			MIAMI/FL 33126	
			City/State and Zip Code	
			R.TAX@HOTMAIL.COM	
For fu	rther information o	econcerning this matter, please	(to be used for future annual report notifical):	ication)
	ALVADO			740 4074
		D ACEVEDO, E.A. of Person	at (305) Area Code & Daytim	716-4274 ne Telephone Number
Enclos	sed is a check for t	he following amount:		
√ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Be	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SUNNY ASSETS LLC

(Name of the Limited Liab (A Flor	pility Company as it now appearida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabili Florida document number		10/22/2009	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AI	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	E.,	ter Florida street addr	1000
	En	ier Fioriaa sireel aaar	ess
	City	, Florida	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</u>, <u>name</u>, <u>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 Action
MGR	Vacarella, Claudio	2601 S. Bayshore Drive, Suite 600 Miami, FL 33133 USA	Add Remove
MGR_	De Paolis, Alessandro	2601 S. Bayshore Drive Suite 600 Miami, FL 33133 USA	Add _☑ Remove
MGR_	Marchesi, Cristiano	2601 S. Bayshore Drive Suite 600 Miami, FL 33133 USA	Add Remove
<u>MGRM</u>	Vacarella, Claudio	1818 SW 1st Ave #1014 Miami, FL 33129 USA	Add Remove
MGRM	DePaolis, Alessandro	1818 SW 1st Ave #1014 Miami, FL 33129 USA	✓Add Remove
MGRM	Marchesi, Cristiano	1818 SW 1st Ave \$1014 Miami, FL 33129 USA	✓Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	_
			
Dated	Mars	2010	
		ober or authorized representative of a member	
		VARO ACEVEDO E.A. ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00