410000043099

(Re	equestor's Name)	
(Ac	ddress)	<u> </u>
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	ne)
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SECRETARY OF STATE
SECRETARY OF STATE

OCT 3 2014
T. HAMPTON

COVER LETTER

TO:

Registration Section Division of Corporations

Change of address & registered agent

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:

Eric Marchand

		Name of Person		
	BELGO REALTY C	OMPANY INC		
	<u></u>	Firm/Company	·	
•	2231 NE 19	2 street		
•	· · · · · · · · · · · · · · · · · · ·	Address		
	MIAMI, FLORIDA	City/State and Zip Cod	le	
		to be used for future annu	al report notific	eation)
For further information	concerning this matter, please c	all:		
ERIC MAR	RCHAND	_{at} 305 , 8	334-30)86
Nam	e of Person	Area Code	Daytime '	Telephone Number
Enclosed is a check fo	the following amount:			
■ \$25.00 Filing Fee •	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is a		□ \$60.00 Filing Fee, Certificate of Status & 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



September 22, 2014

ERIC MARCHAND BELGO REALTY COMPANY INC 2231 NE 192 ST MIAMI, FL 33180

SUBJECT: SUN- DAY- DALI LLC Ref. Number: L10000043099

We have received your document for SUN- DAY- DALI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 014A00020254

Tammy Hampton Regulatory Specialist III

www.sunbiz.org

DucuSign Envelope ID: DDA4BF57-70B3-4C3D-B2C5-CB0D6462B5B1

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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

\$**		0.4.100.100.4.0	
The Articles of Organization for this Limited Liab	ility Company v	vere filed on <u>04/22/2010</u>	and assigned
Florida document number L10000043099			Eg 8 71
÷			THE THE
This amendment is submitted to amend the follow	ring:		57 N
A IS and a standard of the	ha limitad liabil	ity aamnany havat	THOU P
A. If amending name, enter the new name of the	ie iiiiitea nabii	nty company nere.	To N
· · · · · · · · · · · · · · · · · · ·			25 v
The new name must be distinguishable and end with the wo	rds "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.E.C."
Enter new principal offices address, if applicab	ile:	2231 NE 192 ST	
		MIAMI FLORIDA 33180	
(Principal office address MUST BE A STREET	<u>ADDKESS)</u>	TAIN TAIN I EOI (IB) (CO TOC	
$\ddot{\mathcal{F}}$			
Enter new mailing address, if applicable:		2231 NE 192 ST	
(Mailing address MAY BE A POST OFFICE BO	0X)	MIAMI FLORIDA 33180	
Indum guaress will be 111 out of 111 ce of	<u> </u>		
B 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		C., adduser or over passeds outcome	the name of the nav
B. If amending the registered agent and/or registered agent and/or the new registered officered.			the name of the new
registered agent and or the new registered or.	ov dear cos mer c	•	. •
	RELGO RI	EALTY COMPANY	
Name of New Registered Agent:	BELGO N	ALTI COMI ANT	
New Registered Office Address:	2231 NE 1	92 ST	
row registered of the reason.		Enter Florida street address	
3	MIAMI	, Florida 3	3180
· ·		City , Florida S	Zip Code
New Registered Agent's Signature, if changing Re	gistored Agent.	•	-
Then register the regent a Signature, if changing ite	Francisco (Section)		

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

DocuSign Envelope ID: DDA4BF57-70B3-4C3D-B2C5-CB0D6462B5B1
• 11 amenuing the ivianagers or Authorized ivieniber on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
		/	Add
			Remove
	•		
			□ Add
	•	/	□ Remove
		/	
		/	□ Add
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	•		SECRETARY CHASEE. FLORE
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			Add
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Page 2 of 3

in annenung	DDA4BF57-70B3-4C3D-B2C5-CB0D6462B5B1 any other miorination, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	;
The effective da	te, if other than the date of filing: as soon as possible (optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after becument is filed by the Florida Department of State)
	PT 8TH 2014
	Beatrice Lonin
_	Signature of a member or authorized representative of a member Beatrice LORIN
	Typed or printed name of signice

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE