L100000 49453

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SECRETARY OF STATE

JUN - 2 2015

T. HAMPTON

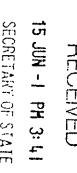
COVER LETTER *

TO:	Registration Section Division of Corporations
SUBJ	ECT: The Sannise Toach, LL C Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Barbara Weiner Name of Person
	Firm/Company
	6679 Nowport Lake C:-de
	Bora Raton, FL 33496 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Barkova Woiner at (561) 981-5189 Name of Person Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
□ \$2	25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2015

BARBARA WEINER 6679 NEWPORT LAKE CIR BOCA RATON, FL 33496

SUBJECT: THE SUNRISE TOUCH LLC

Ref. Number: L10000049453

We have received your document for THE SUNRISE TOUCH LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Tammy Hampton Regulatory Specialist III

Letter Number: 515A00010666

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it no Florida Limited Liability Company	DE 15E 1 Own appears on our records.) ompany)	ouch, LL
The Articles of Organization for this Limited Liab		ed on 5/7//	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability com	ipany here:	
The new name must be distinguishable and contain the word Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	ble:	any," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE B</u> e			TIL ED 15 JUN -1 AM 8: 42 SECRETARY DF STAT TALLAHASSEE. FLORE
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office add ce address here:	dress on our records,	enter the hame of the new
Name of New Registered Agent:	Barbara	Weiner	
New Registered Office Address:		Enter Florida street address	
	City	, Flori	ida 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 Title Name **Address** Type of Action MGR Donald Weiner 6679 Nowport Lake Circle DAdd Boca Raton, FL 33496 Remove ____ Change MGR Michael Weiner 6679 Newport Lake Circle XAdd Roca Raton, FL 33496 Remove _□ Change ☐ Remove No Dechange Shangs

Shangs ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change

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an effective date is ote: If the date	s listed, the date must be specifinserted in this block does	not meet the applicab	le statutory filing rec	nan 90 days aπer nii quirements, this da	ing.) Pursuant to 605.020 ate will not be listed a
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Filing Fee: \$25.00