L10000063735

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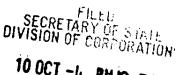
COVER LETTER

то:	Registration Sec Division of Corp					
SUBJE	ECT:	Sunrise I	nnovations LLC			
	Name of Limited Liability Company					
		mendment and fee(s) are sul	-			
Please	return all correspon	dence concerning this matter	to the following:			
Paul Vincent Ro			aul Vincent Rodriguez			
			Name of Person			
S			inrise Innovations LLC			
Firm/Company						
			1691 Shawnee Trail			
			Address			
			Maitland, FL 32751			
E-mail address:			City/State and Zip Code	·		
		E-mail address: (to be used for future annual report notifica	tion)		
For fur	ther information co	ncerning this matter, please of	all:			
	Paul Vin	cent Rodriguez	at (407) 40	02.7268		
	Name of	 	Area Code & Daytime T			
_	ed is a check for the	following amount:				
2 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		NG ADDRESS:	STREET/COURIER Registration Section	R ADDRESS:		

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



		10 0C1 -4 PH 12: 56	
Sunlise	Innount	ions LLC	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou ed Liability Company)	r records.)	
	· · · · · · · · · · · · · · · · · · ·	10 70100	
The Articles of Organization for this Limited Liability Compa	any were filed on <u>June</u>	and assigned	
Florida document number L 10000063735.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company," the	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	Mautes	Melandruaeodor	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our rec	ords, 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 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 = M MGRM =	anager Managing Member	·	
<u>Title</u>	<u>Name</u>	Address	Type of Action
Myrpa	Charles Richard woods	1825 S. Division Av.	⊠Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	- Di
_			SECRETARY VISION OF C 10:001 -4
		·	CORPORATION
		pr authorized representative of a member Or authorized representative of a member or printed name of signee	

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Filing Fee: \$25.00