L110000 42250

, (Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

		stration Sec sion of Corp			
CUD IE		Sunrise Inco	ome LLC		
SUBJEC	-li <u>-</u>		Name of Lim	ited Liability Company	
The encl	osed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn	all correspor	ndence concerning this matter	to the following:	
			Kara L. Turner		
				Name of Person	
,			Sunrise Income LLC		
				Firm/Company	
			704 Craggyside Lane		
				Address	
			Arden, NC 28704		
				City/State and Zip Code	
			turnerkara2@gmail.com		
			E-mail address: (to be used for future annual report no	otification)
For furth	er in	formation co	oncerning this matter, please ca	all:	
Kara L.	Turn	er		828 684-9195 at ()	
		Name of	Person		ime Telephone Number
Enclosed	l is a	check for th	e following amount:		
\$25.0	00 Fi	ling 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)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunrise Income LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records. mited Liability Company))
he Articles of Organization for this Limited Liability Con lorida document number L11000042250		and assigned
his amendment is submitted to amend the following:		
a. If amending name, <u>enter the new name of the limite</u>	d liability company here:	
he new name must be distinguishable and contain the words "Limited	I Libilia Company" the designation WITC"	on the abbraviation WLL C."
he new name must be distinguishable and contain the words "Limited	a Liability Company, the designation "LLC	or the appreviation 1U.C.
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u></u>	rx2
uton non mailing address if applicables		SF 5 #**
nter new mailing address, if applicable:		
<u> Aailing address MAY BE A POST OFFICE BOX)</u>		
		The second secon
		F
If amending the registered agent and/or register egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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 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:

	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
		····	Change
			Add
		-	Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove 1
			Add A A A A A A A A A A A A A A A A A A
			□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

	activity with the main purpose of farming of agricultural products.	
	activity with the main parpose of farming of agricultural products.	<u></u>
E. Effe	ective date, if other than the date of filing:	_ (optional)
(If an o	effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 de	ays after filing.) Pursuant to 605.02
	e: If the date inserted in this block does not meet the applicable statutory filing requireme ument's effective date on the Department of State's records.	ins, this date will not be listed a
f the r	record specifies a delayed effective date, but not an effective time, at $f 1$	2:01 a.m. on the earlier
(b) Th	he 90th day after the record is filed.	
	January 13 2016	
	January 13 2016	23
Date	, <u> </u>	* , , , , , , , , , , , , , , , , , ,
Date		man hai F
Date		nember

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Filing Fee: \$25.00