# L11000057088

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SECRETARY OF STALE DIVISION OF CORPORATIONS

## **COVER LETTER**

Division of Co				
SUBJECT:	SUNWAY	PROJECT LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LEC	NARDO JOSE SZTEIN		
		Name of Person		
SUNWAY PROJECT LLC				
		Firm/Company		
	5	5016 SW 141ST AVE		
		Address	· · ·	
		MIRAMAR FL. 33027		
		City/State and Zip Code		
	JOSES E-mail address: (	SZTEIN@HOTMAIL.COM to be used for future annual report noti	fication)	
For further information of	concerning this matter, please c	all:		
LEONAR	RDO JOSE SZTEIN	at ( 305 )	450 5005	
Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for t	he following amount:			
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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 .



11 MAY 20 PM 12: 28

		PROJECT LLC			
(Name of	the Limited Liability Con (A Florida Limit	n <mark>pany as it now appea</mark> ed Liability Company)	rs on our records.		
	·		j		
The Articles of Organization for thi	s Limited Liability Comp	any were filed on	05/13/2011	and assigned	
Florida document numberL	.11000057088				
This amendment is submitted to am	end the following:				
A. If amending name, enter the n	new name of the limited l	liability company her	<u>e</u> :		
The new name must be distinguishable "L.L.C."	e and end with the words "I	Limited Liability Compa	any," the designation "L	.LC" or the abbreviation	
Enter new principal offices addre	ss, if applicable:				
(Principal office address MUST B	E <u>A STREET ADDRESS</u>	<u> </u>			
		<del> </del>			
Enter new mailing address, if app	licable:				
(Mailing address MAY BE A POS	T OFFICE BOX)				
B. If amending the registered registered registered agent and/or the new r	9		our records, <u>enter t</u>	he name of the new	
Name of New Registered	Agent:			<del> </del>	
New Registered Office Ac	ldress:				
·		Enter Florida street address			
			, Florida		
	<del></del>	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 = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LAURA N. SANCHEZ	5016 SW 141ST MIRAMAR FL 33027	Add Remove
			Add Remove
			Add Remove
			Add Remove
<del> </del>	<del></del>		Add Remove
			Add Remove
D. If amend	ling any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)	— <u>D</u>
			FILED SECRETARY OF STATE VISION OF CORPORATIO
Dated	· · · · · · · · · · · · · · · · · · ·	·	(ATIONS
	Signature of a male	One her are authorized consecutative of a magnitude	
	•	nber or authorized representative of a member  NARDO JOSE SZTEIN	
		ned or printed name of signee	

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Filing Fee: \$25.00