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"SEORZTAKRY"OF STATE, TALL'AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER JUN 20 2011

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|--|---|---|-------------|--|
| SUBJECT: | | SUNRISE TW ited Liability Company | VO LLC | | |
| The enclosed Articles o | of Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all corresp | condence concerning this matter | to the following: | | | |
| | · | | | | |
| | | Name of Person | | | |
| | | Firm/Company | : TALI | 2011 | |
| | | Address | CŘETÁRÝ LAHASSE | 2011 JUN 16 | |
| | luca alf | City/State and Zip Code and Egman to be used for future annual report notification | OF STATE. | PH 1:26 | |
| For further information | concerning this matter, please of | call: | - | | |
| Name | of Person | at () Area Code & Daytime Te | elephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| \$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 enclo | osed) | |
| MAII | LINC ADDRESS | STRFFT/COURIER | 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

| | USE | TW | 0 L | L C | | |
|--|-------------------------------------|-------------------|----------------------|---------------|---------------|---|
| (Name of the Limited Liability Compan (A Florida Limited L | iy as it now apı iability Compan | oears on ou y) | ir records.) | | ~ > | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L 11 0000 63 623</u> | | | 31 201 | ALL MHASSE | Emed Ti | |
| This amendment is submitted to amend the following: | | | | 明ら | R | , |
| A. If amending name, enter the new name of the limited liabi | lity company | here: | | ORIDA | 1: 26 | |
| The new name must be distinguishable and end with the words "Limit"L.L.C." | ed Liability Cor | npany," the | designation " | LLC" or the a | bbreviation | |
| Enter new principal offices address, if applicable: | 3300 | NE | 10 th | TER | | |
| (Principal office address MUST BE A STREET ADDRESS) | 90HP 330 | | BEACH | + . FLO | NIDA | |
| Enter new mailing address, if applicable: | 3300 | NE | 10 ^{6h} | TER | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | 94WC | BEA | CH -FZ | <u>orid</u> a | |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here | ice address or : | n our rec | ords, <u>enter (</u> | 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 Changing Registered Agent, Signature of New Registered Agent

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 = N | lanaging Member | | |
|--------------|---|---|------------------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | Add Remove SECRETAR |
| | | | UN 16 PM 1:36 HASSEE FLORIDA |
| Dated | Signature of a member o | r authorized representative of a member | _ |
| | | OANA SOCEANU r printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00