L11000104179

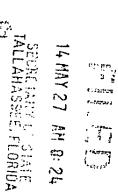
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e#)¹ .
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·

Office Use Only



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May 23, 2014

JC ECHEVERRIA 7900 SW 57TH AVE #12 S MIAMI, FL 33143

SUBJECT: ELEMENTS OF SUNSET, LLC

Ref. Number: L11000104179

We have received your document for ELEMENTS OF SUNSET, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Letter Number: 814A00011264

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Cor	porations		
SUBJECT:	Elements of suret	μc	
		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	r Echavel	MZ	
		Name of Person	
	SC Echever Echeverne	1 Associates	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	70×2 8 1 571	no A10 #17	
	7900 SW S74	Address	·
	Cardle Off	7 20112	
	South Mixi	M, K 33143 City/State and Zip Code	
		•	
	E-mail address: (to	o be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	II:	
Oh	Coloran Blund	010 110 00	1
Name o	(ISWher Blumb) f Person	at (<u>917</u>) <u>UN SMS</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

ت

Registration Section

TO:

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

elements of SINSE	,
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 9/12/2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<u> </u>	City Sip Code :
New Registered Agent's Signature, if changing Registered Agent:	DA DA

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 the Managers or Aut	horized Member on our record	ls, <u>enter the title, name</u>	e, and address of each	Manager or
Authorized Member being added	or removed from our records:			

MGR = Manager

AMBR = Authorized Member Title **Type of Action** Address Name TALS International, LLC 8758 SW 72 St RADIO M|aM|, 72 33173 □ Remove venetading, LLC AMBR 7682 SW SYAVE Men, 7c 33143 BOC Holdings, IVE AMBR 130 wet some Sadd Miami Beach, 72 33139 - Remove ☐ Add _□ Add ☐ Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The	Tective date, if other than the date of filing:
	ated,
	CM.
	Signature of a member or authorized representative of a member
	Chrotyper Blumbo ter PMC Holdings, INC
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

14 MAY 27 AM B: 24
Shippe baky of STATE
TALLAHASSEE, FLORIDA