

#L12000015306

Apr 3, 2012, 2:38PM

No. 2620 Page 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H120000865173)))



H120000865173ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RITTER, ZARETSKY, LIEBER & JAIME, LLP
Account Number : I20010000015
Phone : (305) 372-0933
Fax Number : (305) 704-8111

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

olieber@rzlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CG SUNNY ISLES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
12 APR -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K SALLY
EXAMINER
APR 4 2012

Electronic Filing Menu

Corporate Filing Menu

Help

Apr. 3. 2012 2:39PM

No. 2620 P. 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CG SUNNY ISLES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

OREN LIEBER

Name of Person

RITTER ZARETSKY LIEBER & JAIME LLC

Firm/Company

2915 BISCAYNE BLVD., SUITE 300

Address

MIAMI, FLORIDA 33137

City/State and Zip Code

OLIEBER@RZLLAW.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OREN LIEBER

Name of Person

at (305)

305-372-0933

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Apr. 3. 2012 2:39PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 2620 P. 3

FILED

12 APR -3 AM 7:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CG SUNNY ISLES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/1/2012 and assigned
Florida document number L12000015306.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

Apr. 3. 2012 2:40PM

No. 2620 P. 4

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:

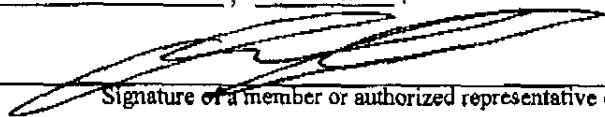
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUDA CHETRIT	512 7TH AVENUE	<input type="checkbox"/> Add
		15TH AVENUE	<input checked="" type="checkbox"/> Remove
		NEW YORK, NY 10018	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated APRIL 3RD, 2012



Signature of a member or authorized representative of a member

OREN LEIBER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee