

Aug. 5 2014 7:19AM AU CYBER CAMPUS

No. 1819 1/5

L12000045981

Florida Department of State  
Division of Corporations  
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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

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

Email Address: \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: CG SUNNY ISLES II 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, ESQ.

Name of Person

RITTER ZARETSKY LIEBER & JAIME LLP

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, ESQ.

Name of Person

at 305 372-0933

Area Code

Daytime Telephone 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 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**

**CG SUNNY ISLES II 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 04/3/2012 and assigned Florida document number L12000045981.

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)

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TALLAHASSEE, FLORIDA

**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

City Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EDWARD SCHEETZ	1140 6TH AVENUE FLOOR 15	<input type="checkbox"/> Add
		NEW YORK, NY 10036	<input type="checkbox"/> Remove
MGR	MEYER CHETRIT	C/O OREN LIEBER, ESQ.	<input type="checkbox"/> Add
		2915 BISCAYNE BLVD SUITE 300	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33137	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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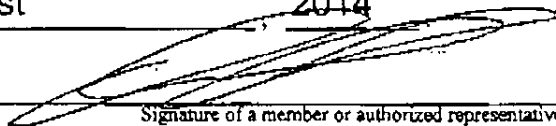
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 31st

2014



Signature of a member or authorized representative of a member

Oren Lieber, as Authorized Representative

Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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