12000060344

Office Use Only



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K. SALY EXAMINER JUL 5 - 5015

COVER LETTER

TO: / Registration So Division of Cor	
SUBJECT:	SUNRISE PLAZA H LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	TERE HWANG
	Name of Person
	Firm/Company
	P 0 B0× 3509
	ORLANDO FL 32802-3509
	City/State and Zip Code GLOBAL @ COMMERCIAL WORLDWIDE, COM
	E-mail address: (to be used for future annual report notification)
For further information of	concerning this matter, please call:
TERE	407. 226-2288 HWANG at (407)-226-9988 Area Code & Daytime Telephone Number
Name o	of Person Area Code & Daytime Telephone Number
Enclosed is a check for t	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 ÁRTICLES OF ORGANIZATION OF

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12 JUL = 2 DU =	6
SEURICIARY OF STATE ALLAHASSEE, ELORID	- -

SUNRISE PLAZA H LLC

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

(A F10	nda Limited Lia	omity Company)			
The Articles of Organization for this Limited Liabil Florida document number <u>L 1 2 0000 60344</u>		ere filed on <u>5/4</u>	/2012	and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabili	ty company here:			
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	d Liability Company," t	he designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable):	420 HULI	MES TE	RRACE	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	DDRESS)	HOLLYWOOD	FL :	33024	
Enter new mailing address, if applicable:		SAME			
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	***************************************			
B. If amending the registered agent and/or a registered agent and/or the new registered office	address here:		ecords, <u>enter</u>	the name of the new	
	Ly L				
New Registered Office Address: 420 HULMES TERRACE					
	Enter Florida street address				
	HOLL	YWOOD	, Florida _	33024 Zip Code	
_		City		Zip Code	
New Registered Agent's Signature, if changing Regi	stered 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 = M	lanaging Member		
<u>Title</u>	Name	Address	Type of Action
MGR	TERE HWANG	3050 PLAZA TERRACE DR ORLANDO FL 32803	Add ∑ Remove
MGR	Ly LE	420 HULMES TERRACE HOLLY WOOD FL 33024	Add Remove
			Add Remove
	Mar		Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
	ling any other information, enter chang mend principal and mail 420 HULMES TERM HOLLY WOOD FL 33	RACE	
Dated	Signature of a member	re the presentative of a member	
		or printed name of signee	

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Filing Fee: \$25.00