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APPRUVEU AND FILED

D. BRUCE

JUL 26 2012

EXAMINER

COVER LETTER

TO: Ro	egistration Section vision of Corporations	
SUBJECT	SUNRISE 103, LLC	
	Name of Limited Liability Company	
The enclos	ed Articles of Amendment and fee(s) are submitted for filing.	
Please retu	rn all correspondence concerning this matter to the following:	
Matthew B. Wealcatch, Esq.		
	Name of Person	
	Matthew B Wealcatch PA	
	Firm/Company	
	4000 Hollywood Blvd., #725-S	
	Address	70
Hollywood, FL 33021		FII 12 JUL 25 SECRETARY ALLAHASSI
City/State and Zip Code		FÎL JUL 25 CRETARY LAHASSE
ben@genetgroup.com E-mail address: (to be used for future annual report notification)		
For further	information concerning this matter, please call:	LED PHI2: 31 Y OF STATE EEL FLOREE
	Matthew B. Wealcatch, Esq. at (954) 9613300	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is	a check for the following amount:	
\$25.00	(additional copy is enclosed) Certified	te of Status &
	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

SUN	NRISE 103, LLC		<u>_</u>
(Name of the Limited Liabilit (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	June 5, 2012	and assigned
Florida document numberL12000074796	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			AE Z
(Principal office address MUST BE A STREET ADD	RESS)	· · ·	CR C
			HAA P
			RY SEE
Enter new mailing address, if applicable:		1.0	
(Mailing address MAY BE A POST OFFICE BOX)			15
			36
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street add	7000
	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 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action **Title** Address 4 1 Name 1 **MGRM** GENET, BENJAMIN J 4700 HIATUS ROAD Sunrise FL 33351 ☐ Add ✓ Remove GENET PROPERTY GROUP, IN MGR 4700 HIATUS ROAD ✓ Add Remove Sunrise FL 33351 ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUL 25 PH 12: 36 July 20 Dated ____ Signature of a member or authorized representative of a member Benjamin J. Genet Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00