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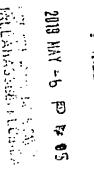
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

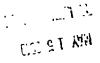
Office Use Only



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COVER LETTER

		,	OVERTELLE	K		
TO:	Registration Section Division of Corporations	,		<i>t</i> · ·		
SUBJE	CT:	Sun 150 Name of Limit	ted Liability Company	LC		
The enc	losed Articles of Amendment	and fee(s) are subn	nitted for filing.			
Please r	eturn all correspondence conc	erning this matter t	o the following:			
		Debbie	Name of Person			
		genet (Co Derty (Group		
	70	71 W.	Commerci	al Blu	1 #2A	
	la	marac, Debbie E-mail address: (to	F1 3 City/State and Zip Code C Genet 6 be used for future annual	3319	<u>Com</u>	
For furt	her information concerning th					
	Debbie Name of Person	raiq	at (954) Area Code	Daytime Telep	245 ohone Number	
Enclose	d is a check for the following	amount:				
\$25		Filing Fee & ficate of Status	S55.00 Filing Fee Certified Copy (additional copy is end		☐ \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl	

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**

(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
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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
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
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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Man AMBR = Aut	rager horized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Benjamin J. Genet	T 7011 W. Commercial	Blud 2A —XAdd
		Tamarac Fl 33319	□ Remove
00 < 0.00		7091 W. Commerc	_OChange Blud 2A
MORIN	Sun 103,LLC	7091 W. Commerc	<u>i</u> □ Add
		Tamarac Fl 33319	Remove
			Change
			□ Add
			_□ Remove
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<u>te:</u> If the d	late inserted in	an the date of date must be spec in this block does in the Departme	es not mee	et the applic	able statuto	ng or more the	(opt in 90 days afte irements, th	ional) er filing.) Purs sis date will r	uant to 605.02 not be listed
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Page 3 of 3

Filing Fee: \$25.00