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(Ad	dress)	<u>.</u>
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(Cit	ty/State/Zip/Phone) #)
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D. BRUCE

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EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SUNSET ISLAND GP, 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:

STEVE L. WASERSTEIN

Name of Person

WNF LAW, P.L.

Firm/Company

201 S. BISCAYNE BLVD. SUITE 3400

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SLW@WNFLAW.COM

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

For further information concerning this matter, please call:

STEVE L. WASERSTEIN

305,760-8502

Name of Person

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 APPROVED FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET ISLAND GP, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000087122</u> .	were filed on JULY 3, 2012 and assigned			
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 "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	· —			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	NOV-6 PM CRETARY OF LAHASSEE.			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:				
New Registered Office Address:				
Then Acgistered Office Address.	Enter Florida street address			

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.

City

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 = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	BRETT PALOS	c/o WNF LAW, P.L.	Add	
		201 S. Biscayne Blvd., Suite 340	0 Remove	
		Miami, Florida 33131	_	
			Add	
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			_	
				
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			Remove	

). If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	
ated NOVE	MBER 5 , 2012
	the state of the s
	Signey of a member or authorized representative of a member
Ste	eve L. Waserstein, as authorized agent
	Typed or printed name of signee
	Page 3 of 3
	Elling Foot \$25.00

Filing Fee: \$25.00

12 NOV -6 PM 2: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA