

L12000144155

12/18/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CUEVAS & GARCIA, P.A.  
Account Number : 120030000123  
Phone : (305)461-9500  
Fax Number : (305)448-7300

786 362 7127

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

Email Address: accounting@cuevaslaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUN SOL INTERNATIONAL DRIVE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

S. WARREN

DEC 19 2017

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SUN SOL INTERNATIONAL DRIVE, 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 11/14/2012 and assigned

Florida document number L12000144155

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 "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)***

**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:**

CUEVAS, GARCIA & TORRES, P.A.

**New Registered Office Address:**

7300 North Kendall Drive, Suite 680

*Enter Florida street address*

Miami

Florida 33156

*City*

*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**

Page 1 of 3

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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 = Manager  
AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | <u>Address</u> | <u>Type of Action</u>                      |
|--------------|-----------------|----------------|--------------------------------------------|
| MGRM         | PULGAR, ARMANDO |                | <input type="checkbox"/> Add               |
|              |                 |                | <input checked="" type="checkbox"/> Remove |
|              |                 |                | <input type="checkbox"/> Change            |
|              |                 |                | <input type="checkbox"/> Add               |
|              |                 |                | <input type="checkbox"/> Remove            |
|              |                 |                | <input type="checkbox"/> Change            |
|              |                 |                | <input type="checkbox"/> Add               |
|              |                 |                | <input type="checkbox"/> Remove            |
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|              |                 |                | <input type="checkbox"/> Remove            |
|              |                 |                | <input type="checkbox"/> Change            |
|              |                 |                | <input type="checkbox"/> Add               |
|              |                 |                | <input type="checkbox"/> Remove            |
|              |                 |                | <input type="checkbox"/> Change            |

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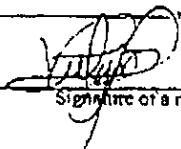
**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

N/A

**E. Effective date, if other than the date of filing: \_\_\_\_\_, (optional)***(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)**Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated December 15, 2017  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Veronica Pulgar

\_\_\_\_\_  
Typed or printed name of signerFILED  
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TALLAHASSEE, FLORIDA