## L12000145566

(Requ	uestors Name)	
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(City/	State/Zip/Phone	e #)
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SHE-JAC SUNSET, L.L.C.

SUBJECT

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:

**ANTONIO REGOJO** 

Name of Person

REGOJO LAW, P.A.

Firm/Company

11077 BISCAYNE BLVD #406

Address

MIAMI, FL 33161

City/State and Zip Code

AREGOJO@REGOJOLAW.COM

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

For further information concerning this matter, please call:

ANTONIO REGOJO

305 814-8299

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHE-JAC SUNSET, L.L.C.		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>rds.</u> )
The Articles of Organization for this Limited Liability Florida document number L12000145566		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	PRESS)	1 1
Enter new mailing address, if applicable:		22 di
(Mailing address MAY BE A POST OFFICE BOX)		₹. , <b>N</b>
B. If amending the registered agent and/or registered agent and/or the new registered office adenomiated Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida str	
	Enter riorida sir	eet adaress
		rida
	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 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, <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

Title ·	<u>Name</u>	Address	Type of Action
MGR	HARRON CAPITAL INC	8841 SUNRISE LANE BLVD	Add
		SUITE 109	Remove
		SUNRISE, FL 33322	
MGR	SUNSET OAKS II INC.	8581 SW 30TH ST	Add
		MIAMI, FL 33155	Remove
			Add
			Remove
			PH PH Add
			Remove
			Remove
			Remove

If amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary
*	
-	
February 25	, <u>2013</u>
	Ela
Signa	ature of a member or authorized representative of a member
	EDUARDO TORRES Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE