#113000039401

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SECRETARY OF STATE

K. SALY EXAMINER

JAN 16 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

SUNBEACH HOMES 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:

MONIQUE HERZSTEIN

Name of Person

MCH CONSULTING USA LLC

Firm/Company

3131 NE 188TH STREET SUITE 2301

Address

AVENTURA, FL 33180

City/State and Zip Code

monique.mchconsulting@gmail.com

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

For further information concerning this matter, please call:

MONIQUE HERZSTEIN

_{31,}786₃521-3885

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

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

2013 DEC 19 PM 3: 20 SECKETARY OF STATE ALLAHASSEE, FLORIBA

SUNBEACH HOMES 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 Liab	oility Company were filed on 03/15/2013	and assigned
Florida document number L13000039401	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	(OX)	
B. If amending the registered agent and/or registered agent and/or the new registered office		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida	street address
		lorida
	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 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 **Title** <u>Name</u> **Address** Type of Action LEVEL 2, BUIDING REMY OLLIER STREET, **MGRM GLOBUS CONSULTANTS LIMITED** PORT LOUIS, MAURITIUS MGR M.R.N MORGAN & RAPHAEL NEWMAN COMPANY LEVEL 2, BUIDING REMY OLLIER STREET, PORT LOUIS, MAURITIUS **MGR** VANDEVELDE RICHARD 7500 NW 25TH STREET SUITE 257 MIAMI, FL 33122 MGR VANDEVELDE MURIEL 7500 NW 25TH STREET SUITE 257 MIAMI, FL 33122 Remove Remove Remove

D. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Dated DEC	CEMBER 177H , 2013
	Signature of a member or authorized representative of a member
	ANDEVELDE RICHARD
	Typed or printed name of signee
- / /	Page 3 of 3