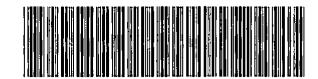
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(Addi	ress)	<del></del>
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PICK-UP	TIAW [	MAIL
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Amend

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## **COVER LETTER**

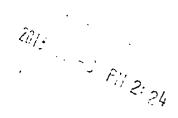
	Registration Se Division of Cor			
sim tee	SUNNYBE	EACHSC LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		CHRISTOPHE REALE		
			Name of Person	
		SUNNYBEACHSC LLC		
			Firm/Company	
		15255 SW 45 TER Unit A		
			Address	
		MIAMI FL 33185-4239		
			City/State and Zip Code	
		CHRISTOPHEREALE@Y		
		E-mail address: (	to be used for future annual report notifi	ecation)
For furth	er information c	concerning this matter, please co	all;	
CHRIST	RISTOPHE REALE +39 3423206755			
	Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed	l is a check for t	he following amount:		
<b>■</b> \$25.0	(4) 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



SUNNYBEACHSC LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our re liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L13000058541	iability Company	were filed on 04/22/2013	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity 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)		15255 SW 45 TER Unit	
		MIAMI	
		FL 33185-4239	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		15255 SW 45 TER Unit	A
		MIAMI	
		FL 33185-4239	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:  Name of New Registered Agent:  New Registered Office Address:		e: TTERSON	
	MIAMI		_, Florida
		City	

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MARIELA PATTERSON	15255 SW 45 TER Unit A - Miami, FL 33185-4239	🗀 Add
			■ Remove
			☐ Change
			□ Remove
			Change
			Add
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fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the	e must be specific and cannot its block does not meet the	be prior to date of filing or applicable statutory fil	more than 90 days after fi	ling.) Pursuant to 605 0201
record specifies a dela The 90th day after the	ayed effective date, t record is filed.	out not an effective	: time, at 12:01 a.	m. on the earlier o
08.18 med	2019	9		
	$C_1 \setminus \Lambda$	o authorized representat		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00