

L13000002166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

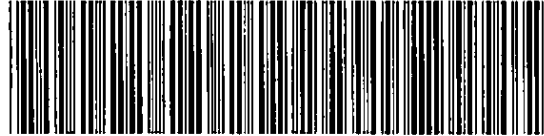
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FILED
17 AUG 31 PM 3:06
S. WARREN
TALLAHASSEE, FLORIDA

S. WARREN

AUG 31 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNNY ISLES 2000, 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:

ALEJANDRO D GRAVIER

Name of Person

HLB GRAVIER LLP

Firm/Company

396 ALHAMBRA CIRCLE SUITE 900

Address

CORAL GABLES, FL 33134

City/State and Zip Code

PRODRIGUEZ@HLBGRAVIER.COM

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

For further information concerning this matter, please call:

ALEJANDRO GRAVIER

305 446-3022
at ()

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**

SUNNY ISLES 2000, 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 04/29/2013 and assigned
Florida document number L13000062166.

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:

New Registered Office Address:

Enter Florida street address

Florida

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

FILED
AUG 31 2013
CLERK OF STATE
TALLAHASSEE
FLORIDA

MGR = Manager
AMBR = Authorized Member

FILED
change
Add
change
57 AUG 31 PM 3:06
Seal of the State of Florida
TALLAHASSEE, FLORIDA

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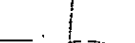
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

FILED
17 AUG 31 PM
SECRETARIAT OF
TALAHUESSA

August 23, 2017


Signature of a member or authorized representative of a member

Alejandro D Gravier
Typed or printed name of signee

Filing Fee: \$25.00

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17 AUG 31 PM 3:06
STONEMAN OF STATE
TALLAHASSEE, FLORIDA