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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## COVER LETTER

Divis	ion of Corpo	orations				
SUBJECT:	SUNRISE PC	DINT 104, LLC				
Name of Limited Liability Company						
The enclosed A	Articles of Ar	mendment and fee(s) are subm	nitted for filing.			
Please return a	ll correspond	ence concerning this matter to	o the following:			
		Izhel Machado de Papa				
			Name of Person			
Firm/Company						
		P.O.Box 5655758				
			Address			
		Miami, Florida 33 <b>2</b> 56-5758				
City/State and Zip Code						
raphaelkpapa@gmail.com						
			be used for future annual report notificat	ion)		
For further info	ormation con	cerning this matter, please cal	1:			
Izhel Machado	o de Papa		786 774-7383 at ()			
	Name of P	erson	Area Code Daytime Te	elephone Number		
Enclosed is a c	heck for the	following amount:				
\$25.00 Fili	ing 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:

TO:

**Registration Section** 

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

SUNRISE POINT 104, LLC					
(Name of the Limi	ted Liability Compa (A Florida Limited)	nny as it now appears on Liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited L	iability Company	were filed on 06/12/2	2013	and assign	ıed
Florida document number L13000085275	·				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name o	of the limited liab	oility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abb	oreviation "L.L.C	2.5
Enter new principal offices address, if applic	7440 SW 88 Street I	Jnit 2812			
(Principal office address MUST BE A STREI	ET ADDRESS)	Miami, Florida 33156			
				<del></del>	AEC SEC
Enter new mailing address, if applicable:		P.O. Box 565758		MAR 30	RE TAR
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 3325	6-5758	サーマ マーマー	<u> </u>
B. If amending the registered agent and registered agent and/or the new registered o			r records, enter	the name of	STATE the the
Name of New Registered Agent:	Izhel Macaho d	de Papa	<u> </u>		
New Registered Office Address:	7440 SW 88 St	treet, Unit 2812			
		Enter Florida s			
	Miami		, Florida <u></u>	.56	
		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

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>	Address	Type of Action
MGR	Raphael A. Papa	10030 SW 40 St., Suite B	Add
		Miami, Florida 33165	■ Remove
			□ Change
MGR	Izhel Machado de Papa	7440 SW 88 St. #2812	<b>⊟</b> Add
		Miami, FL. 33156	□ Remove
			Change
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Effective date, if other than the If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not me	et the applicat	date of filing or le statutory fili	more than 90 days ng requirements,	optional) after filing.) Pursua this date will no	nt to 605.0 t be listed	0207 ( d as t
ne record specifies a delayon The 90th day after the re		te, but not	an effective	time, at 12:0	)1 a.m. on the	e earlie	r of:
Dated March 8	······································	2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00