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SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

,,,,,, SUN 1915, 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:

DAVID SPIEGEL

Name of Person

SPIEGEL & ASSOCIATES, INC.

Firm/Company

304 INDIAN TRACE # 502

Address

WESTON, FL 33326

City/State and Zip Code

spiegelandassoc@aol.com

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

For further information concerning this matter, please call:

DAVID SPIEGEL

at (954) 385-0927

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

SUN 1915, LLC		
(Name of the Limited Lial	bility Company as it now appears on our records.) rida Limited Liability Company)	
(A Flor	rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L13000086071	ity Company were filed on JUNE 14, 2013	and assigned
This amendment is submitted to amend the following	ng;	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company." the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	7	
Mutual Business MAT DE AT OUT OF THE BOX	<u> </u>	
	egistered office address on our records, enter t	he name of the new
registered agent and/or the new registered office	address here:	As -
		i-m ω
Name of New Registered Agent:		
		<u> </u>
New Registered Office Address:		<u> </u>
	Enter Florida street add	F F C
	. Florida	Ten 🛖 🔘
	, riorida City	
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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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ELENA SHEMESH	3201 NE 183RD ST	Add
		AVENTURA, FL 33160	Remove
			
	•		Add
			Remove
			Add
			Remove
			Add
		-	Add
			Remove

•	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· · ·	
•	
-	
	
Dated X	7/10/13
>	(Edul Sl
•	Signature of a member or authorized representative of a member
	EDWARD SHEMESH
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00