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COVER LETTER

TO:

TO:	Registration Sec Division of Corp		·	
	SUNINVES	ST TRADING LLC		
SUBJEC	JI:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	num all correspo	ndence concerning this matter	to the following:	
		EDGAR MULLER		
		SUNINVEST REALTY LI	Name of Person LC	
		334 WEST THATCH PAL	Firm/Company M CIRCLE, UNIT # 107	
		JUPITER, FL 33458	Address	
		muller@suninvestrealty.cor	City/State and Zip Code n	
		E-mail address: (to be used for future annual report notif	ication)
For furth	ner information co	oncerning this matter, please ca	all:	
EDGAF	R MULLER		914 400-4777 at ()	
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COURI Registration Section Division of Corpora	n

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNINVEST TRADING LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our recommitted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Con Florida document number	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
SUNINVEST REALTY LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		2 9
		皇司
Enter new mailing address, if applicable:		33
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address on our recorness here:	ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	, I	Florida 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			☐ Change
			Remove
			☐ Change
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		01/01/2019	•			
Effective date, if other than fan effective date is listed, the date Note: If the date inserted in this document's effective date on the	must be specific s block does no	and cannot be prior of meet the applic	able statutor	ng or more than y filing requir	(optional) 90 days after filing ements, this date) Pursuant to 605.0207
ne record specifies a dela The 90th day after the	yed effective record is file	e date, but no ed.	ot an effec	tive time, a	t 12:01 a.m.	on the earlier of:
DECEMBER 28		2018				
Dated	· · · · · · · · · · · · · · · · · · ·	<u> </u>	—· / ,	/		
			Sel 4	1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00