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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072 : (954)356-2905 Phone Fax Number : (954)337-8346

Enter the email address for this business entity to be used for furpre annual report mailings. Enter only one email address please.

Email Address:_

LC AMND/RESTATE/CORRECT OR M/MG RESIGN... SUN OCEAN VIEW 2, LLC

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

SUN OCEAN VIEW 2 LLC		an alle vacande	_
(Name of the Limi	ed Liability Company as it now app (A Florida Limited Liability Compan	A)	
The Articles of Organization for this Limited L	iability Company were filed on	01/23/2014 and	l assigned
Florids document number L14000012935	·		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	f the lighted Hability company	here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," (ne designation "LLC" or the abbreviation	n T.L.C."
Enter new principal offices address, if applic			
Principal office address MUST BE A STREI			
	,		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX</u>)	<u></u>	
B. If amending the registered agent and	Now remistered office address	on our records, enter-the ba	nne of the
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	ASS 2	
Name of New Registered Agent:	WESTON CORPORATE AD	MINISTRATION LLC	in
	2225 N. COMMERCE PKW	ر, SUITE 4	D
New Registered Office Address:		Florida street address = _ =	
	WESTON	Florida 33326	
	Cip	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

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(((| 7-000 | 654 82 3)))
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

Title	<u>Name</u>		Address	Type of Action
MGR	CARLOS ULISES CONFALONIE		18246 COLLINS AVENUE	
			SUNNY ISLES, FL 33160	Remove
				☐ Change
MGR	LOS CONFA LLC		2225 N. COMMERCE PKWY	₽ Add
			SUITE 4 .	C Remove
			WESTON, FL 33326	Change
 		200		Add Remove 7
		,		EFF DRILL DRIEDOVE
				Change
		-		Add
				□ Remove
				☐ Change
		ijin -		
				Remove
				☐ Change

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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this b document's effective date on the I	ist be specific and carrier the lock does not meet the	applicance services a much	than QO days after filing.)	Piermant to 605.02	07 (3)(b) 15 time
(f the record specifies a delaye (b) The 90th day after the re	ed effective date, become is filed.	ut not an effective tin	ne, at 12:01 a.m. c	n the earlier	o f :
(b) the sour day after the re-					

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Typed or printed name of signee

Filing Fee: \$25.00

(((17000 1654823)))

CARLOS CONFALONIERI