L14000038962

' (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #	f)
PICK-UP	WAIT ·	MAIL
(Bu	ısiness Entity Name	·)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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J. HARRIS

COVER LETTER

Div	ision of Corpo	rations	•		
SUBJECT:		ealty Group LLC			
SUBJECT:	-	Name of Limi	ted Liability Company		,
The enclosed	l Articles of Ar	nendment and fee(s) are subr	nitted for filing.		
Please return	all correspond	ence concerning this matter t	to the following:		
		Estrella Hamui			
			Name of Person		
			Firm/Company		
		1000 East Island Boulevard	1#1610		
			Address		
		Aventura FL 33160	•		
			City/State and Zip Code		
		estrella@sunnyislesrealtygro	-		
		E-mail address: (t	o be used for future annual re	eport notification)	
For further in	nformation con	cerning this matter, please ca	11:		
	Name of P	erson	at () Area Code	Daytime Telephone Number	
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat osed) Certified	e of Status &

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

Sunny Isles Realty Group LLC			
(Name of the Limi	ted Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited I clorida document number L14000038962	iability Compan	y were filed on March 7, 2014	and assigned
his amendment is submitted to amend the following	lowing:		
a. If amending name, enter the new name o	of the limited lia	bility company here:	
he new name must be distinguishable and contain the	words "Limited Liel	nility Company "the decimation "LL	C" or the obbreviation "I I C"
		omity Company, the designation LLC	of the appreviation (L.L.C.
nter new principal offices address, if appli			
<u>Principal office address MUST BE A STREI</u>	ET ADDRESS)		**************************************
			<u> </u>
			PR T
nter new mailing address, if applicable:		1000 East Island Boulevard	\$2. N
Mailing address MAY BE A POST OFFICE	POV)	Apt 1610	TO P III
nating utaress MAT BE AT OST OTTICE	<u>Βυλ</u> /	Aventura, FL 33160	9. 0
s. If amending the registered agent and	or registered	office address on our record	
egistered agent and/or the new registered o			onter the name of the
Name of New Registered Agent:			
New Registered Office Address:	1000 East Isla	and Boulevard #1610	
	•	Enter Florida street addre	ss
	Aventura	. F)	lorida <u>33160</u>
		City	Zip Code
ew Registered Agent's Signature, if changing	Dogistaved Asses	!•	

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>	<u>Address</u>	Type of Action
AMBR	Hamui, Estrella	1000 East Island Boulevard	Add
		Apt 1610	□ Remove
		Aventura FL 33160	Change
AMBR Levin, Robert	1000 East Island Boulevard	□ Add	
		Apt 1610	□ Remove
		Aventura, FL 33160	Change
			Add
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
		□ Add	
			□ Remove □ Change
			Add Remove
			☐ Change

		
ote: If the date inserted in this block cument's effective date on the Department.	e specific and cannot be prior to date of filing or more that does not meet the applicable statutory filing requartment of State's records. ffective date, but not an effective time,	irements, this date will not be listed as
ed April 18	2016	
410	·	Zeo
Si	mature of a member or authorized representative of a m	nember
		A
Estrella Hamui		2 2 × 2
	Typed or printed name of signee	22
	Typed or printed name of signee	2 2 × 2

Filing Fee: \$25.00