(Requestor's Na	ıme)	
(Address)		
, ,		
(Address)		
(City/State/Zip/F	Phone #)	
PICK-UP WAI	T MAIL	
	<u> </u>	
(Business Entity	/ Name)	
(Document Number)		
Certified Copies Certifi	anton of Status	
Certified Copies Certifi	cates of Status	
Special Instructions to Filing Office		
_		





200258825132

04/14/14--01043--021 **25.00

K. SALY EXAMINER APR 1 5 2014

COVER LETTER

TO: Registration Section
Division of Corporations

KINGDOM SUNRISE 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:

ERNESTO PAZOS

Name of Person

KINGDOM SUNRISE LLC

Firm/Company

1660 NE 205 TER

Address

MIAMI, FL. 33179

City/State and Zip Code

nafti5@bellsouth.net

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

For further information concerning this matter, please call:

Ignacio Naftali

. 954 . 394-48

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

FILED
2014 APR 14 PM 4:49

SECRETARY OF STATE
TALLAHASSEE. FLORID:

SUNRISE KINGDOM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 04/02/2014 and assigned
Florida document number L14000054326	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1464 S FEDERAL HIGHWAY
(Principal office address MUST BE A STREET ADDRESS)	DEERFIELD BEACH, FL. 33441
Enter new mailing address, if applicable:	1660 NE 205 TER
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL. 33179
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida Citv Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Actio
		.	Add
			Remove
			Remove
		 	
			☐ Remove
		<u> </u>	
			☐ Add
			☐ Remove
		 	
			Remove
			□ Remove

If amending any other information, er	nter change(s) here: (Altach additional sheets, if necessary.)
·	
-	
Effective date, if other than the date of (The effective date must be specific, cannot be price the date this document is filed by the Florida Dep	f filing: (optional) or to date of receipt or filed date and cannot be more than 90 days after partment of State)
Dated April 10th	2014
	Mayor
<u> </u>	re of a member of authorized representative of a member
Ernesto Pazos	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00