## L140000 75821

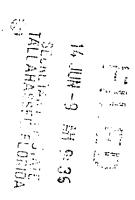
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** Sunsets and Water, 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: John T. Edmonds, Esq. Law Offices of Edmonds, P.A. & Key Title 1616-102 W Cape Coral PKWY, Private Mail Box 151 Cape Coral, FL 33914 City/State and Zip Code Itabush@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John T. Edmonds, Esq. Name of Person Daytime Telephone Number Enclosed is a check for the following amount:

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunsets and Water, LLC			
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L14000075821 .	were filed on 05/09/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	sility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	rincipal offices address, if applicable: 2301 COLLINS AVE, APT 841		
(Principal office address MUST BE A STREET ADDRESS)	A4444 BEAQUE EL 00400		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2301 COLLINS AVE, APT 84 MIAMI BEACH, FL 33139	1	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the r	
	•		
Name of New Registered Agent:		Table	
New Registered Office Address:		15 15 15 15 15 15 15 15 15 15 15 15 15 1	
	Enter Florida street address , Florida		
	City	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Remove
			□ Remove
			☐ Add
			00 to 100
			Add
	<del></del>		Add  ☐ Remove

]	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(`.	Effective date, if other than the date of filing:
	Dated June 02 , 2014
ı	Dated,
	Signature of a member or authorized representative of a member
	John T. Edmonds, Esq.
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00