L14600128689

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE
ALL AHASSEE: FLORIG



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 4, 2014

CORPDIRECT AGENTS

SUBJECT: 1031 MIAMI SUNRISE HOLDING LLC

Ref. Number: L14000128089

PLEASE GIVE ORIGINAL SUBMISSION

December 3rd

2014

We have received your document for 1031 MIAMI SUNRISE HOLDING LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers Regulatory Specialist II Registration/Qualification Section

Letter Number: 514A00025510

RECEIVED PARTMENT OF STATE

PLEASE GIVE ORIGINAL SUBMISSION

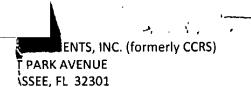
PLEASE GIVE ORIGINAL SUBMISSION

OR (18 V/1 /26 / 3 / 4)

PLEASE GIVE ORIGINAL SUBMISSION

CALLE DATE DATE

2014



222-1173

FILING COVER SHE ACCT. #FCA-23	ET			
CONTACT:	SAVANNAH DEBOER			
DATE:	12/03	<u>/2014</u>		
REF. #:	93636	<u>677</u>		
CORP. NAME:	1031	MIAMI SUNRISE HOLDING LLC		
() ARTICLES OF INCORPOR	ATION	(XX) ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
() FOREIGN QUALIFICATION		() LIMITED PARTNERSHIP	() LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF CANCEL	LATION	ı		

STATE FEES PREPAID WITH CHECK # 70031550 FOR \$ 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

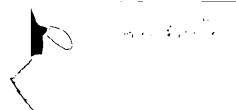
COST LIMIT: \$

PLEASE RETURN:

│ () OTHER:

(XX) CERTIFIED COPY
() CERTIFICATE OF GOOD STANDING
() PLAIN STAMPED COPY
() CERTIFICATE OF STATUS

Examiner's Initials



	(COVER LETTER			
Registration Division of C					
ctiniece.	1031 Miami S	Sunrise Holding LLC			
SUBJECT:	Name of Limi	ed Liability Company			
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.			
Please return all corres	pondence concerning this matter t	o the following:	·		
	Ignacio G. del Valle,	Esq.			
		Name of Person			
	Weiss Serota Helfma	n Cole Bierman and Pop	ok, P.L.		
		Firm/Company			
2525 Ponce de Leon Blvd., Suite 700					
Address					
Coral Gables, Florida 33134					
		City/State and Zip Code			
	idelvalle@wsh-law.co		In		
- 0 d 10 d		be used for future annual report not	incation)		
For further information	n concerning this matter, please ca	11:			
Ignacio G. del Va	alle	305 854-0800 at ()			
Name	e of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	r 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

1031 Mlaml Sunrise Hold		ras programmy aggregator o in a communication of the statement of the stat			
(Name of the Lim	(A Florida Limited	niv as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Florida document number <u>L14000128089</u>	Liability Company	were filed on August 15, 2014	and assig	ned	
This amendment is submitted to amend the fo	llowing:				
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	fai.l batimi.f" zbnow o	rility Company," the designation "I.I.C" or the	abbreviation "L.L	.C."	-
Enter new principal offices address, if appl	cable:	660 Crandon Boulevard			_
(Principal office address MUST BE A STRE	ET ADDRESS)	Unit 225			-
		Key Biscayne, Florida 33149			
Enter new mailing address, if applicable:		660 Crandon Boulevard			
(Mailing address MAY BE A POST OFFICE	BOX)	Unit 225			_
	_	Key Biscayne, Florida 33149			_
B. If amending the registered agent and registered agent and/or the new registered. Name of New Registered Agent:		£:	the name of	the 14,0	<u>new</u>
New Registered Office Address:	.660 Crandon Blvd., Unit 225		HAT.	EC	" seen
The state of the s		Enter Florida stroet address	SS	ည	Contraction
	Key Biscayı		3149 7	1 >>	. grangeng
		Clty	7. p.C.tde	~	- Simmed
New Registered Agent's Signature, if changing		•	75 5	<u>ب</u> ب	
I hereby accept the appointment as register provisions of all statutes relative to the proj accept the obligations of my position as reg being filed to merely reflect a change in the	per and complete istered agent as p	performance of my dutles, and I am j provided for in Chapter 605, F.S. Or,	ree tespinply familiar with a if this docume	with i	tite

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member Address Type of Action Title Name API Properties Co. LLC MGRM 1420 Rocky Ridge Drive, Ste. 100 _D Add Roseville, CA 95661 **E**Remove Miami Sunrise Properties LLC 660 Crandon Blvd., Unit 225 **AMBR** ₽ Add Key Biscayne, FL 33149 □ Remove _□ Remove J⊒ ∧dd _🗆 Ramovo

D,	. If amending a	ny other information, o	enter change(s) here: (Ana	ch additional sheets, if nevessary.)	
			and the second s		
					-
		***************************************	ر در		
C.	(The effective date the date this document)	must be specific; cannot be poment is filed by the Florida D		(optional) and curinot be more than 90 days after	
	Dated <u>QU</u>	mlan ord	2014	do italiad liability company	
		Bv:	dune	da limited liability company Florida corporation, as Managing Me	mber
		Signal	ure of a member or authorized er		
			Elena Arechaga, Pres		
			Typed or printed name of	of signee	

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TATT AHASSEE, FEORIG