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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone : (845)818-3588 Fax Number

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNBAY NT PARTNERS LLC

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JUL 3 0 2020

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our record Liability Company)	<u>ls.</u>)
he Articles of Organization for this Limited Liability Compan	y were filed on 03/10/2015	and assigned
orida document number L15000043855		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	bility company here:	
e new name must be distinguishable and contain the words "Limited Liab		
nter new principal offices address, if applicable:	·	2020 JUL 29
rincipal office address MUST BE A STREET ADDRESS)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		<u> </u>
		29
nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		
		· n
. If amending the registered agent and/or registered of sistered agent and/or the new registered office address he Name of New Registered Agent:	office address on our record re:	s, enter the name of the
gistered agent and/or the new registered office address he Name of New Registered Agent:	office address on our record re:	s, enter the name of the
gistered agent and/or the new registered office address he	<u>re</u> :	
	rè: Enter Flonda stree: addres	

<u>N</u>

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>	Address	Type of Action
MGR	MATUT, NATHAN	1392 OCEAN PARKWAY	
		BROOKLYN, NY 11230	□ Damous
			Change
MGR	David Shweky	1501 East 7th Street	_ Add
		Brooklyn, New York 11230	17 Danier
			Change
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to thee last to all and terral conditions	46		contract to	
(If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	is block does not meet the app	licable statutory filing req	(optional) an 90 days after fiting) Pursuan: to 605, uirements, this date will not be liste	0207 (3 g ed as the
f the record specifies a dela b) The 90th day after the		not an effective time	, at 12:01 a.m. on the earlie	er of:
Dated 07/28	2020			
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(i)	11 /11/			

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Typed or printed name of signee

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