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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Sunlight Lands Nume of Limited Liability Company	LLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Gabriel a Vo	ul derrama	
Firm/Company		
432 NE 16	PL	
Cape Coral	FL 33909	
City/State and Zip C	mail.com_	
For further information concerning this matter, please call:		
Gabriela Valderrama at 239 Name of Person Area Code		
Enclosed is a check for the following amount:	APR	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Certificate of Status Certified Copy	Fee & S60.00 Filing Fee.  ov Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Stee	or Addrose:	
Registration Section Reg	Street Address: Registration Section	
Division of Corporations Div	Division of Corporations	
1.0. 50. 6027	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
· · · · · · · · · · · · · · · · · · ·	Tallahassee, FL 32303	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunlight Lar	1ds	LLC			
		as it now appears on our polity Company)			
The Articles of Organization for this Limited Liabil Florida document number \( \bigcup_150001495\)	ity Company we B12	ere filed on 090	1/2015	and as	ssigned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	: limited liabilit	y company here:			
The new name must be distinguishable and contain the words	"Limited Liability	Company," the designation	n "LLC" or the ab	breviation "	L.L.C."
Enter new principal offices address, if applicable					
(Principal office address MUST BE A STREET A	DDRESS)			<del></del> -	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>				
B. If amending the registered agent and/or regingent and/or the new registered office address have	stered office ad <u>tere</u> :	dress on our records.	enter the nam	ie <u>of the n</u>	ew registered
Name of New Registered Agent:			. د		
<del></del> -	<del></del>	1	<u>ت</u>	۲.)	
New Registered Office Address:	<del>_</del>	Enter Florida stree	rt address	- 121	
		City	Florida _	PR 1Zip Co	ie -L
New Registered Agent's Signature, if changing Reg	istered Agent:			> ;	77
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the region company has been notified in writing of this change in writing of the change in the change in writing of this change in the cha	igent and agre- and complete pered agent as pe gistered office o	rovided for in Chapte	r 605, F.S. Or	if this de	ocument is

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 Type of Action <u>Address</u> Name Title. Cabriela Mercedes 434 Valderrama Cape Co Change  $\square$ Add □Remove ς. □ Change  $\square$ Add 至 回Chang ထ္ □Remove . □Change  $\square$ Add □Remove

□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Mes not to be removed.
Subriela Merceclos Valdenarna.
1 11:01 1/ 1/1/C = 10/(en O (C.CO)
at the time of the renew.
1 10 10 10 20 20 P 17
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (5,0).  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be firsted as the
document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record is filed.
Dated March 50, 800
Signature of a member or authorized representative of a member
Typed or printed name of signee