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(Re	equestor's Name)	
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(Bu	isiness Entity Nan	ne)
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SECRETARY OF STATE
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COVER LETTER

TO:	Registration Se Division of Cor			
~	•	Group, LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		AnaMaria Rivera		
			Name of Person	
		Sun Valley Group, LLC		
			Firm/Company	
		8400 NW 36th St, Suite 45	50	
			Address	
		Doral, FL 33166		
		anamaria@sunvalleyg.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please ca	ali:	
AnaM	aria Rivera		954 632-6099 at ()	
	Name of	Person		Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2:	5.00 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:

TO:

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

TO ARTICLES OF ORGANIZATION OF

Sun Valley Group, LLC			
(Name of the Limited L (A F	iability Compa Iorida Limited I	ny as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liabil Clorida document number	ity Company	were filed on	and assigned
his amendment is submitted to amend the following	ıg:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
he new name must be distinguishable and contain the words	"Limited Liabil	lity Company," the designation "I.L.	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable):	8400 NW 36th St, Suite 450	
Principal office address MUST BE A STREET A		Doral, FL 33166	
			Ar in
Enter new mailing address, if applicable:		8400 NW 36th St, Suite 450	CAHAS
(Mailing address MAY BE A POST OFFICE BOX)		Doral, FL 33166	
B. If amending the registered agent and/or a			ls, enter the name of the
	Same agent, no	_	
New Registered Office Address:	400 NW 36th	St, Suite 450	
new Registered Office Address.		Enter Florida street addre	255
Ε	Ooral	, F	lorida 33166
		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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	GREELEY FOUNDATION	CALLE 53 ESTE	☐ Add
		URB. MARBELLA, TORRE MMC	· · · · ·
		DANAMA DEPUBLIC OF DANA	Remove
		PANAMA, REPUBLIC OF PANA	☐ Change
AMBR	INVESTIUM, LLC	8400 NW 36th Street	■ Add
		Suite 450	
		Doral, FL 33166	□ Remove
			☐ Change
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	07/07/2016	
E. Effecti		ional)
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after after the date inserted in this block does not meet the applicable statutory filing requirements, the ent's effective date on the Department of State's records.	er filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
If the rec (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m. on the earlier of:
	June 7 \ 2016	
Dated	—————————·	TAEL 16
	Lou	
	Signature of a member of authorized representative of a member	SS
	AnaMaria Rivera	
	Typed or printed name of signee	
		; 26 TATE

Page 3 of 3

Filing Fee: \$25.00