

L15000175791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

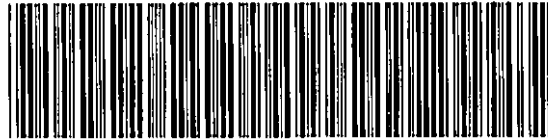
(Document Number)

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17 NOV 27 PM 1:23  
NOTARY STATE  
PALM BEACH, FLORIDA

S. WARREN

NOV 30 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 9, 2017

ANNMARIA RIVERA  
8400 NW 36TH STREET, SUITE 450  
DORAL, FL 33166

SUBJECT: SUN VALLEY GROUP, LLC  
Ref. Number: L15000175791

We have received your document for SUN VALLEY GROUP, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return 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.

Stacey M Warren  
Regulatory Specialist II

Letter Number: 217A00022796

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

Sun Valley Group, LLC

**SUBJECT:** \_\_\_\_\_  
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:

AnaMaria Rivera

\_\_\_\_\_  
Name of Person

Sun Valley Group

\_\_\_\_\_  
Firm/Company

8400 NW 36th St, Suite 450

\_\_\_\_\_  
Address

Doral, FL 33166

\_\_\_\_\_  
City/State and Zip Code

anamaria@sunvalleyg.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AnaMaria Rivera

954 632-6099

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for 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**

Sun Valley Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 15, 2015 and assigned Florida document number 1.15000175791.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "limited liability company," the designation "L.L.C." or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

## Florida

*Civ*

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**

FILED  
17 MAR 27 PM 1:23  
REGISTERED AGENT  
STATE  
TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

FILED  
17 NOV 21 PM 6:23  
Add Remove Change  
SFD: ☐ TLO: ☐ OF: ☐ ATE: ☐  
ALL: ☐ ASSE: ☐ FLORIDA: ☐

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 2 2017

AnaMaria Rivera

Page 3 of 3

**Filing Fee: \$25.00**

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17 NOV 27 PM 1:23  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF FLORIDA  
TALLAHASSEE, FLORIDA