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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 3091 Sunrise LLC
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:
Meir Ben-Ezra
Meir Ben-Ezra Name of Person
3091 Sunrise LLC Firm/Company
Firm/Company
10843 Blue Palm Street Address
Address
Plantation, FL 33324 City/State and Zip Code
City/State and Zip Code
ben · eara @ sbcg/oba/. net E-mail address: (to be used for duture annual report notification)
For further information concerning this matter, please call:
Ben-Eara Meir at (713) 875-4862 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section STREET/COURIER ADDRESS: Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3091 Sunrise LL	C
(Name of the Limited Liability Com (A Florida Limite	ipany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L 16000020181</u>	ny were filed on $1/28/2016$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	845
Enter new mailing address, if applicable:	SR 6 €
(Mailing address MAY BE A POST OFFICE BOX)	
	STATE OF
	0 6 DA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the neee</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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

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
<u>AMBR</u>	Eilbigli, Adi	10843 Blue Palm 54. Plantation FL 33324	Add
		Plantation, FL 33324	Remove
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	date, if other than the date of filing: $\frac{M\alpha y / B / 2016}{}$ (optional)
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