

L16000048942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

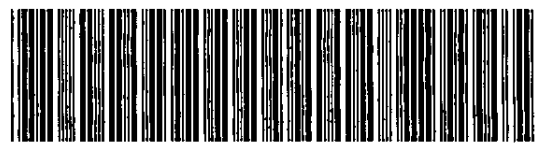
(Business Entity Name)

(Document Number)

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16 MAR 15 PM 2:42  
TALLAHASSEE, FLORIDA

MAR 17 2016

Y SULKER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUNSET STATION 607, 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:

P. TRISTAN BOURGOIGNIE, ESQ.

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

TRISTAN BOURGOIGNIE, P.A.

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

1200 ANASTASIA AVENUE, SUITE 400

\_\_\_\_\_  
Address

CORAL GABLES, FL 33134

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

PTB@MIAMI-DROIT.COM

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

For further information concerning this matter, please call:

P. T. BOURGOIGNIE, ESQ.

at ( 305 ) 200 - 0350

\_\_\_\_\_  
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**

SUNSET STATION 607, 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 MARCH 09, 2016 and assigned Florida document number L16000048942.

This amendment is submitted to amend the following:

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

SUNSET STATION 603, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

5975 SW 72 STREET

UNIT 603

SOUTH MIAMI, FL 33143

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

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

5975 SW 72 STREET

UNIT 603

SOUTH MIAMI, FL 33143

**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:

P. TRISTAN BOURGOIGNIE

New Registered Office Address:

5975 SW 72 STREET, UNIT 603,

*Enter Florida street address*

SOUTH MIAMI

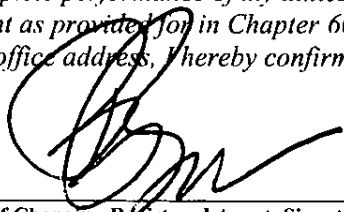
Florida 33143

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	P. TRISTAN BOURGOIGNIE	5975 SW 72 ST, UNIT 607	<input type="checkbox"/> Add
		SOUTH MIAMI, FL 33143	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	P. TRISTAN BOURGOIGNIE	5975 SW 72 ST, UNIT 603	<input checked="" type="checkbox"/> Add
		SOUTH MIAMI, FL 33143	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 MAR 15 PM 2:42  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE

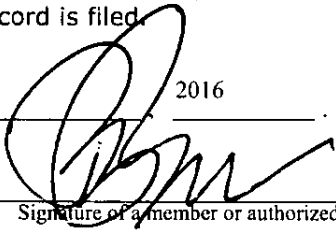
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

16 MAR 15 PM 2:42  
STATE OF FLORIDA  
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: MARCH 18, 2016 (optional)  
(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 (3)(b)  
**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.

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 14, 2016  


Signature of a member or authorized representative of a member  
P. TRISTAN BOURGOIGNIE  
Typed or printed name of signee