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## **COVER LETTER**

Division of Cor		i		
SUBJECT: Sur		Stments, LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Rita Jack			(A)
		Name of Person	<b>6</b>	
		Firm/Company	9	ign gri
	4575 Via 1	Royale Suite 20	AH 10: 02	MARK TORVIOR
			02	
	Fort Myers	s, FL 33919		
	RJackma E-mail address: (	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	cates.org	
For further information c	oncerning this matter, please c			
Rita Jack	man	at (239) 489 – Area Code Daytime	1096	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	-	<b>5</b> 655 00 PW F 0	<b></b>	
\$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)	
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:	
	ation Section on of Corporations	Registration Section Division of Corpora		
P.O. Bo	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Cer		
	,	Tallahassee, FL 323		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Sunbrook Investmen	nts, LLC
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number \( \bigcup 1600073176 \).	were filed on 4/8/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	183 Bamboo Dr Port Charlotte, FL 35954
Change Brancipal address:  Enter new mailing address, if applicable:	AFFERY OF A
(Mailing address MAY BE A POST OFFICE BOX)	10.02 02
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	· City Zip Code

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> **Type of Action** ☐ Add ☐ Remove \_□ Change □ Add □ Remove \_**∡** □ Change \_D A쾦 □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove \_□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Amend address for Authorized Derson	
Emperor Investments, LLC to:	
4412 19th Circle W	
Bradenton, FL 34027	
	=7
<b>16</b>	ALL.
	発力
<del></del>	SSE
AY 10: 02	- C
02	Ų.
E. Effective date, if other than the date of filing: (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 605.02	ነበን (3ነ/ጉ
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	
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 <sup>.</sup>
(b) The 90th day after the record is filed.	•
Dated 5-1-16,	
and in their	
Signature of a member or authorized representative of a member	
Dated 5-1-16  Andreas Merz  Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00