

L16000171993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600314044806

06/04/18--01003--002 \*\*25.00

1717  
18 JUN 15 PM 3:11  
FILED

O SIMMONS  
JUN 15 2018

**FAX COVER SHEET**

|            |                          |
|------------|--------------------------|
| TO         | DIVISION OF CORPORATIONS |
| COMPANY    |                          |
| FAX NUMBER | 18502456030              |
| FROM       | Jon Shields              |
| DATE       | 2018-06-14 21:00:02 GMT  |
| RE         | Articles of Amendment    |

**COVER MESSAGE**

Please find attached Articles of Amendment corrected to contain my signature as Registered Agent.

Thank you.

**RECEIVED**

JUN 15 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUNNY OCEAN 699, 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:

JON SHIELDS

Name of Person

SUNNY OCEAN 699, LLC

Firm/Company

4424 North Bay Road

Address

Miami Beach, Florida 33140

City/State and Zip Code

jon@spectrumdevgroup.com

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

For further information concerning this matter, please call:

Jon Shields

786

999-9112

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

SUNNY OCEAN 699, 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 9/14/2016 and assigned  
Florida document number L16000171993.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

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

4424 North Bay Road

Miami Beach, Florida 33140

Enter new mailing address, if applicable:

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

4424 North Bay Road

Miami Beach, Florida 33140

**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:

Jon Shields

New Registered Office Address:

4424 North Bay Road

*Enter Florida street address*

Miami Beach

Florida 33140

*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>                      |
|--------------|-------------------|----------------------------|--|
| MGRM         | AGOSTINHO CALCADA | 300 Alton Road             | <input type="checkbox"/> Add               |
|              |                   | Suite 100                  | <input checked="" type="checkbox"/> Remove |
|              |                   | Miami Beach, Florida 33139 | <input type="checkbox"/> Change            |
| MGR          | JON SHIELDS       | 4424 North Bay Road        | <input checked="" type="checkbox"/> Add    |
|              |                   | Miami Beach, Florida 33140 | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |
|              |                   |                            | <input type="checkbox"/> Add               |
|              |                   |                            | <input type="checkbox"/> Remove            |
|              |                   |                            | <input type="checkbox"/> Change            |

11-10-68

(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)

(b) The 90th day after the record is filed.

Dated June 1, 2018

Signature of a m

Signature of a member or authorized representative of a member

JON SHIELDS

Typed or printed name of signee