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II. HARRIS

COVER LETTER

TO: Registration Sec Division of Cor					
SUBJECT: Rent	1 Sale1 Rea	alty Sunris	e, LLC		
	N	ame of Limited Liabi	lity Company		
Dear Sir or Madam:					
The enclosed Statement	of Correction and fee(s) ar	e submitted for filing			
Please return all correspo	ondence concerning this m	atter to the following:	:		
Mirza M Mu	ustaque				
	Name of Person				
Rent1 Sale1	Realty Sunri	se,LLC			
	Firm/Company				
8512 E Sou	uthgate Sho	re Cir			
	Address				
Tamarac,F	l 33321				
C	ity/State and Zip Code				
	r@gmail.co				
E-mail address: (to be used for future annual report notification)					
For further information of	concerning this matter, ple	ase call:			
Mirza Must	aque	_{at (} 954	,684-1446		
Name o	of Person	Area Code	Daytime Telephone Number		
STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, Florida 323	ircle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:					
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

FIRST	The name of the limited liability company is: Rent1	Sale1 Realty Sunrise,LLC	_				
SECO:		sility company is: L17000001485 S of Organization	- - -				
	(CHECK THE APPROPRIATE BOX AND COM	IPLETE THE APPLICABLE STATEMENT					
×	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the correct statement are as follows:						
Effective date entered wrong 01/03/2017 Instead Immidiate or 01/23/2017							
	So Plwease change to 01/23/2	2017					
	OR Was defectively signed. The manner in which the docum as follows:	ent was defectively signed and the appropriate correc	- ction are				
		17 JAH 21	- 以 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3				
	<u>OR</u>	7)	190				
	The electronic transmission of the record was defective.						
	Signature of Authorized Representative	Date	_				
	re of new registered agent, if applicable :(NOTE: if correcting the designation).	ting the registered agent, the new registered agent mu	ust sign				
I hereb provisi obligat	106 much	act in this capacity. I further agree to comply with tho ormance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being filed to	ept the o merely				
	Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)					