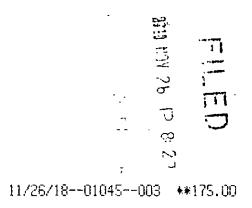


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COVER LETTER

TO: Registration S Division of Co		•		
	FACTORY SUNRISE, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	PINCHO FACTORY SUP	NRISE, LLC		
		Name of Person		<i>t</i> 0.3
	e/o Jason Stark, Next Lega	al, LLC		البوطان باد <u>المح</u> افظ بيدين
		Firm/Company		21 197 25
		Address		J
			,	ر2 ن ⁸
	jason@nextlegal.us	City/State and Zip Code	<u> </u>	
	E-mail address: (to be used for future annual report notif	cation)	
For further information	concerning this matter, please c	all:		
Jason Stark		954 593-4807		
Name	of Person		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 For Certificate of Signature Certified Copy (additional copy is	Status &
Regis Divisi P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 passee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINCHO FACTORY SUNRISE, L					
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited l	inv as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Li	ability Company	were filed on March	8, 2017	and assig	ined
Florida document number L17000054114	_ ·				
This amendment is submitted to amend the follo	owing:				
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the design	nation "LLC" or the abb	reviation "L.L.	C."
Enter new principal offices address, if application	able:	95 Merrick Way		ੜ	
Principal office address MUST BE A STREE	T ADDRESS)	Suite 500			
	 -	Coral Gables, FL 33	3134	.2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		95 Merrick Way		<i>-</i> 7)	
		Suite 500			
		Coral Gables, FL 33	3134	نڌ نڌ	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			ır records, <u>enter t</u>	he name o	f the no
Name of New Registered Agent.	<u>-</u>				
New Registered Office Address:	95 Merrick Wa	y, Suite 500 Enter Florida s	street address		
	Coral Gables		, Florida ³³¹	34	
		City	,01100	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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fective date, if other than effective date is listed, the ote: If the date inserted incument's effective date of the record specifies a content of the other contents.	date must be spe in this block do on the Departm	eific and cannot be prices not meet the appli- ent of State's record-	cable statutory filing : i.	requirements, this dat	g.) Pursuant to 605.0. e will not be listed
The 90th day after t				,	
NOVEMBER	8	2018	·		
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Page 3 of 3

Filing Fee: \$25.00