

# L17000102173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

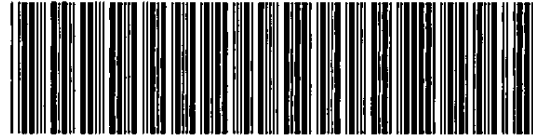
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAY 24 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** W SUNSET 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:

ADAM BERGMAN

Name of Person

IRA FINANCIAL GROUP

Firm/Company

1688 MERIDIAN AVE, SUITE 504

Address

MIAMI BEACH, FL 33138

City/State and Zip Code

LLC@IRAFINANCIALGROUP.COM

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

For further information concerning this matter, please call:

HILLARY KOFSKY

305 330-4913  
at ( ) Daytime Telephone Number

Name of Person

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

W SUNSET 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 MAY 8, 2017 and assigned  
Florida document number L17000102173.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

641 COUNTRY CLUB AVE.

*Enter Florida street address*

FORT WALTON BCH

*City*

, Florida 32547

*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          | BRIAN D SETTERBERG | 641 COUNTRY CLUB DR.       | <input type="checkbox"/> Add               |
|              |                    | FORT WALTON BCH, FL 32547  | <input checked="" type="checkbox"/> Remove |
|              |                    |                            | <input type="checkbox"/> Change            |
| MGR          | BRIAN D SETTERBERG | 641 COUNTRY CLUB AVE.      | <input checked="" type="checkbox"/> Add    |
|              |                    | FT. WALTON BCH, FL 32547   | <input type="checkbox"/> Remove            |
|              |                    |                            | <input type="checkbox"/> Change            |
| AR           | ADAM BERGMAN       | 1688 MERIDIAN AVE, STE 504 | <input type="checkbox"/> Add               |
|              |                    | MIAMI BEACH, FL 33139      | <input checked="" 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            |

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

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**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 605.0207 (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 MAY 15

2017

Signature of a member or authorized representative of a member

ADAM BERGMAN

Typed or printed name of signee