## 117000157913

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SECKETARY OF STATE
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## **COVER LETTER**

TO: Registration S Division of Co			
	ewear LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	David Manopla	•	
		Name of Person	<del> </del>
	Sunset Eyewear LLC		
	1212 216 .	Firm/Company	<del></del>
	135 SW 3rd Street		<b>A</b> 1
	Address		
	Pompano Beach FL, 3306	0	三
	Aircharter2@gmail.com	City/State and Zip Code	FILED PARTSEE
	E-mail address: (	to be used for future annual report notific	ration) ES W
For further information	concerning this matter, please c	all:	36
David Manopla		754 208-9497 at ()	<u>~</u>
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
MAII	LING ADDRESS:	STREET/COURIE	R 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

Sunset Eyewear LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L17000157913	were filed on July 24th 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	sility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	135 SW 3rd Street
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, El 33060
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	FILE WAS ARE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, <u>enter the name of the nev</u> <u>e</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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>	Address	Type of Action
MGR	Alessandro Fiorentini		□ Add
-		9357 Fountainbleau Blvd D-401 M	Aud
			Remove
			Change
AMBR	David Manopla	135 SW 3rd Street Pompano Beach, PA	33060 Z Add
	· · · · · · · · · · · · · · · · · · ·		& Add
			Remove
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•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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an effec <u>(ote:</u> 1	te date, if other than the date of filing:
e reco	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $60$ 000 and $60$ 000 after the record is filed.
ated	
	The CI
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00