117000216835

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	= #)
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(Do	cument Number)	<u> </u>
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S. WARREN FEB 0 2 2018

COVER LETTER

C 4 145 4 47 / WE'	apital LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Charles Vaccaro		
		Name of Person	
	C Weed Capital LLC		
		FirmvCompany	
	18911 Collins Ave, apt 16	03	
		Address	
	Sunny Isles Beach, FL 331	60	
		City/State and Zip Code	
	charlesvae@gmail.com		
	E-mail address: (to be used for future annual report notific	ration)
For further information c	concerning this matter, please c	all:	
Charles Vaccaro		516 474-8080	
Name o	f Person	at () Area Code	Telephone Number
Enclosed is a check for the	ne 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 tadditional copy is enclosed

MAILING ADDRESS:

TO:

Registration Section

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

C Weed Capital LLC

company has been notified in writing of this change.

(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 10-19-2017 __ and assigned Florida document number [L17000216835]This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sunny Isles Capital LLC 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: Enter Florida street address 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

Page 1 of 3

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>	Name	<u>Address</u>	Type of Action
			
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			Remove
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ocument's effective date on the D	d effective date, but not an effective time, at 12	nts, this date will not be listed a
January 31	2018	
ited		
	Chales (pecare)	<u>~</u> : *
	Signature of a member or authorized representative of a member	Se FE B
Charles Vaccaro	,	
Charles vaccaro		
Charles Vaccaro	Typed or printed name of signee	<u> </u>
Charles Vaccato	Typed or printed name of signee	33. T

Filing Fee: \$25.00