L17000253345

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
6/2/21 Tm

Office Use Only



000363604280

04/14/21--01024--013 **25.60

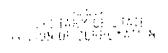
or Aprilla PH 3: 36

COVER LETTER

CHID IF CT.							
SUBJECT	·	Name of Lin	nited Liability Company				
The enclose	d Anicles of	Name of Person Area Code Daytime Telephone Number					
Please retur	n all correspo	ondence concerning this matter	to the following:				
		DEREK B SPILMAN					
Name of Person							
		DBSPALAW					
			Firm/Company				
		4215 MILLER DRIVE					
			Address				
		ST PETE BEACH FL 337	706				
			City/State and Zip Code				
		·					
		E-mail address: (to be used for future annual report not	ification)			
For further	information c	oncerning this matter, please o	all:				
DEREK B	SPILMAN		at ()				
	Name o	f Person	Area Code Daytin	ne Telephone Number			
Enclosed is	a check for th	ne following amount:					
■ \$25.00	Filing Fee	-	Certified Copy	Certificate of Status & Certified Copy			
	siling Addres			ection			
Division of Corporations		Division of Corporations					
	O. Box 632 Hahassee F						
1 (1		ロッムスして	ZTIJ IN. MIQIIIQ	~ once our our			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



21 AFR 14 PM 3: 36

SUNSET SUITES, 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 Comp	pany were filed on 12/	1/2017 and assigned
Florida document number L17000253345		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited	Liability Company," the de	signation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our re	cords, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of n as provided for in Cl	ty duties, and I am familiar with and capter 605, F.S. Or, if this document is
If -	Changing Registered Ages	it, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added 21 APR 14 PM 3: 36 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	THE SAJ TRUST	5160 Van Nuys Blvd	[] Add
		Suite 493	≣Remove
		Sherman Oaks, CA 91403	Change
AMBR	SUNNYSIDE PROPERTY	5160 Van Nuys Blvd	□ Add
		Suite 493	≣Remove
		Sherman Oaks, CA 91403	
AMBR	TAIBEL, DANIEL	5160 Van Nuys Blvd	□ Add
		Suite 493	C-
		Sherman Oaks, CA 91403	Change
AMBR	TAIBEL, DANIELLE	5160 Van Nuys Blvd	□Add
		Suite 493	■Remove
		Sherman Oaks, CA 91403	☐ Change
AMBR	Varsha, jennifer	5160 Van Nuys Blvd	□ Add
		Suite 493	Remove
		Sherman Oaks, CA 91403	Change
			Remove
			☐Change

	THE LLC SHALL BE MANAGER-MANAGED AND THE SOLE MANAGER SHALL BE THE SALER REST	: -	1 ; ,	J.
	5160 VAN NUYS BLVD, SUITE 493, SHERMAN OAKS CA 91403.	_		
		-		
		-		
		_		
		_		
		_		
		_		
		-		
		-		
		-		
		-		
		•		
		_		
		-		
an c Note:	rtive date, if other than the date of filing: (optional) ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.			}
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day afte filed.	r the		
	APRIC 6 1 7021.			

Filing Fee: \$25.00

Typed or printed name of signee