

L17000253345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

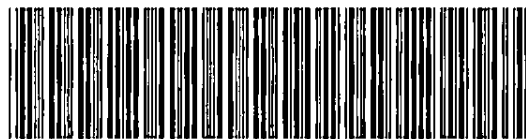
(Document Number)

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DIVISION OF STATE
21 APR 14 PM 3:36

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUNSET SUITES, 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:

DEREK B SPILMAN

Name of Person

DBSPALAW

Firm/Company

4215 MILLER DRIVE

Address

ST PETE BEACH FL 33706

City/State and Zip Code

dbspalaw@gmail.com

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

For further information concerning this matter, please call:

DEREK B SPILMAN at (727) 742-9770
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

21 APR 14 PM 3:36

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

21 APR 14 PM 3:36

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	THE SAJ TRUST	5160 Van Nuys Blvd	<input type="checkbox"/> Add
		Suite 493	<input checked="" type="checkbox"/> Remove
		Sherman Oaks, CA 91403	<input type="checkbox"/> Change
AMBR	SUNNYSIDE PROPERTY	5160 Van Nuys Blvd	<input type="checkbox"/> Add
		Suite 493	<input checked="" type="checkbox"/> Remove
		Sherman Oaks, CA 91403	<input type="checkbox"/> Change
AMBR	TAIBEL, DANIEL	5160 Van Nuys Blvd	<input type="checkbox"/> Add
		Suite 493	<input checked="" type="checkbox"/> Remove
		Sherman Oaks, CA 91403	<input type="checkbox"/> Change
AMBR	TAIBEL, DANIELLE	5160 Van Nuys Blvd	<input type="checkbox"/> Add
		Suite 493	<input checked="" type="checkbox"/> Remove
		Sherman Oaks, CA 91403	<input type="checkbox"/> Change
AMBR	VARSHA, JENNIFER	5160 Van Nuys Blvd	<input type="checkbox"/> Add
		Suite 493	<input checked="" type="checkbox"/> Remove
		Sherman Oaks, CA 91403	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

THE LLC SHALL BE MANAGER-MANAGED AND THE SOLE MANAGER SHALL BE THE SAME

5160 VAN NUYS BLVD, SUITE 493, SHERMAN OAKS CA 91403.

RECEIVED
DEPT OF REVENUE
27 APR 14 PM 3:36

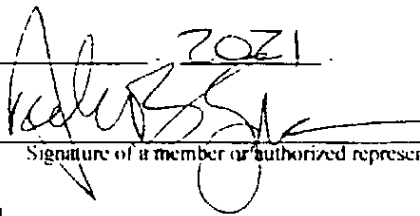
E. Effective date, if other than the date of filing: _____ (optional)

(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 APRIL 6 2021



Signature of a member or authorized representative of a member

DEREK B SPILMAN

Typed or printed name of signer

Filing Fee: \$25.00