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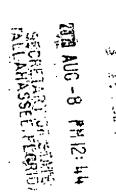
(Requestor's Name)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

No o the last **Division of Corporations** SUNNY ISLE APARTMENTS LLC SUBJECT: 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: Ilana Artzy Name of Person The Law Office of Hana Kalichman-Artzy, PA Firm Company 19390 Collins Avenue, Suite B3 Address Sunny Isles, Florida 33160 City/State and Zip Code iartzy@ikalaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ilana Artzy Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy

MAILING ADDRESS:

TO: 3 Registration Section

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed).

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SUNNY ISLE APARTMENTS LLC

TO
ARTICLES OF ORGANIZATION
OF State of the Control of the Contr
SUNNY ISLE APARTMENTS 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 1/19/2019 and assigned
Florida document number L19000019526
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 "LLC."
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:
Name Description of Office Address.
New Registered Office Address: Enter Florida street address
Chaida
, Florida
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 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
AMBR	ALEX RUBIN	8 LAWRENCE DRIVE SHORT HILLS, NJ 07078	
			■ Remove
			Change
MGR	ALEX RUBIN	8 LAWRENCE DRIVE SHORT HILLS, NJ 07078	= Add
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
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	August 2, 20	1 ()		
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document's effective date on the D	epartment of State's records.	he statutory timig requir	emens, this date will not be	nsect as to
the record specifies a delayed	l effective date, but not	an effective time, a	t 12:01 a.m. on the ea	arlier of:
) The 90th day after the rec				
	2017			
Dated August 2	. 2019	_ •		
	17			
	Signature of a member or author	in all a second and a second as a second	sib.is	_
	Signature of a member of author	ized representative of a me	HUCI	
LINA RUBIN				
	Typed or printed	name of signee		-

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Page 3 of 3

Filing Fee: \$25.00