

19000113915

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (351) 617-6383

From: Account Name : FILE RIGHT LLC
Account Number : 120176000091
Phone : (718) 878-5811
Fax Number : (718) 732-4580

19 JUL 12 PM 4:22

FILED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSET APTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

19 JUL 12 PM 7:57

FAX REFERENCE H19000211435 3

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: SUNSET APTS 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:

Name of Person

FILE RIGHT LLC

Firm/Company

5314 16TH AVE, SUITE 139

Address

BROOKLYN, NY 11204

City/State and Zip Code

sales@fileacorp.com

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

For further information concerning this matter, please call:

FAIGY 718 878-5811

Name of Person at () 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/COURIER ADDRESS:**
Registration Section
Division of Corporations
Clinton Building
2961 Executive Center Circle
Tallahassee, FL 32301

FAX REFERENCE H19000211435 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET APES LLC

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

19 JUL 12 PM 4:22
FILED

The Articles of Organization for this Limited Liability Company were filed on MAY 3, 2019 and assigned
Florida document number L19000113915.

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 "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

City

Florida

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHLOMO KATZ	SHLOMO KATZ	<input type="checkbox"/> Add
		P.O. Box 300384	<input checked="" type="checkbox"/> Remove
		BROOKLY, NY 11230	<input type="checkbox"/> Change
MGR	SHLOIME ROSENBERG	SHLOIME ROSENBERG	<input checked="" type="checkbox"/> Add
		P.O. Box 300384	<input type="checkbox"/> Remove
		BROOKLY, NY 11230	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)

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 JULY 11, 2019

/s/ SHLOMO ZATZ

Signature of a member or authorized representative of a member

SILOMO KATZ

Typed or printed name of signee

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Filing Fee: \$25.00

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