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### **COVER LETTER**

**Registration Section Division of Corporations** 

:

SUNSETS			
DJEC1	Name of Lir	ited Liability Company	
· enclosed Articles of	Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  dence concerning this matter to the following:  ALVARO ANDRES MEJIA    Name of Person		
ase return all correspo	ondence concerning this matter	to the following:	
	ALVARO ANDRES MEJI	Α	
		Name of Person	
		Firm/Company	
	7800 SW 57 AVE STE 20	6	
		Address	
	MIAMI FL.33143		
	ANDRES@AMMINVEST	•	·····
	E-mail address: (	to be used for future annual report notif	ication)
further information o	concerning this matter, please c	all:	
VARO MEJIA			
Name o	of Person	Area Code Daytime	Telephone Number
losed is a check for t	he following amount:		
\$25.00 Filing Fee			<del>-</del>

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSETS 6 LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on and assigned s amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." er new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) er new mailing address, if applicable: illing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ag filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability pany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

GR = Manager

1BR = Authorized Member

<u>le</u>	<u>Name</u>	Address	Type of Action
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cora si 90th	ecifies a dela day after the	yea errective record is file	e date, but :d.	not an effe	ctive time, a	: 12:01 a.m.	on the earlier o
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-		Signature of	f a member or a	uthorized repres	entative of a men	iber	

Page 3 of 3