

L19000251059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

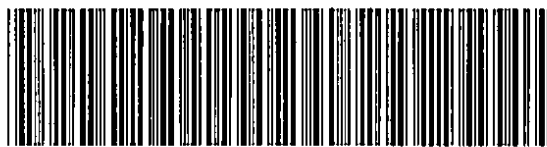
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FILED  
2019 OCT 21 PM 5:02  
TALLAHASSEE, FL

NOV 11 2019

C. KIRSEY

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNRISE EMS REALTY 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:

ANDREA SCARAMUCCI  
Name of Person

SUNRISE EMS REALTY LLC  
Firm/Company

1103 NE 3<sup>rd</sup> AVE  
Address

FORT LAUDERDALE, FL 33304  
City/State and Zip Code

SUNRISE.EMS@6MAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA SCARAMUCCI at ( 954 ) 235-1049  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

SUNRISE EMS REALTY LLC

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

2019 OCT 24 PM 5:02  
FILED  
CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
FORT LAUDERDALE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10-7-19

Florida document number 10/07/2019

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANDREA SCARANUCCI LLC.

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:

1103 NE 3<sup>rd</sup> AVENUE

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33304 USA

Enter new mailing address, if applicable:

1103 NE 3<sup>rd</sup> AVENUE

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33304 USA

**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:

ANDREA SCARANUCCI

New Registered Office Address:

1103 NE 3<sup>rd</sup> AVENUE

Enter Florida street address

FORT LAUDERDALE

City

Florida 33304

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated 10/18/2019, 2019

ANDREA SCARAMUCCI<sup>19</sup>

Typed or printed name of signee