

6/19/2020

# L19000268205

Florida Department of State  
Division of Corporations  
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNRISE INSULATION, LLC

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June 22, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SUNRISE INSULATION, LLC  
15231 SW 80 STREET  
APT 303  
MIAMI, FL 33193US

SUBJECT: SUNRISE INSULATION, LLC  
REF: L19000268205

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is S67441.

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Octavia L Simmons FAX Aud. #: H20000188410  
Regulatory Specialist II Supervisor Letter Number: 120A00012267

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNRISE INSULATION, 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 10/25/2019 and assigned  
Florida document number L19000268205

This amendment is submitted to amend the following:

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

SUNRISE CONSTRUCTION SYSTEM, LLC

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:

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



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

12. 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**

JUNE 17 2020

Signature of a member or authorized representative of a member

ANTONIETA M. VILLASMIL MONTERO

Typed or printed name of signee