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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: GILMAN CIOCIA INC. Account Name

Account Number : 120120000051 : (305)937-7773 Phone

: (815)301-2897 Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 13141 SUNRISE INVESTMENTS LLC

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JUL 0 7 2020

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

13141 SUNRISE INVESTMENTS LLC

2020 JUL - 5 AH H: 16

(Name of the Limited Liabi (A Flore	lity Company as it s da Limited Liability	now appears on our records.) Company)	•	
The Articles of Organization for this Limited Liability	Company were fi	led on 02/25/2020	and assigned	
Florida document number 1,20000061884				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability co	mpany here:		
The new name must be distinguishable and contain the words "L	imited Liability Com	ipany," the designation "LLC" or	the abbreviation "L.L.C."	
		19630 NE 26th AVE		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESS) MIA	MI, FL, 33180		
(Principal office address MOST BL ASTICKET ME				
	1963	30 NE 26th AVE		
Enter new mailing address, if applicable:		MI, FL, 33180		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office addrese: e:	ss on our records, <u>enter th</u>	e name of the new reg	
Name of New Registered Agent:				
New Registered Office Address:	630 NE 26th AVE	Enter Florida street address		
	IAMİ		ida <u>33180</u>	
5.21				

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

AMBR = A	uthorized Member	Address 2020 JUL -6 AHII: 16	
<u>Title</u>	<u>Name</u>	Address 2020 July 20 Airth 10	Type of Action
AMBR	BREIER, GOLDY	407 BERRY ST APT 6B	
		BROOKLYN, NY 11249	🗏 Remov¢
AMBR	ARIEL FISHMAN	19630 NE 26th AVE	■Add
		MIAMI , FL, 33180	□Remove
		□Cha	□ Change
			□Add
_			□Remove
			□Change
			□Add
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			Remove
			Change
			□Add
			□Removε
			Change

N/A		2020 JUL - 6	Alil1:16_
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ctive date, if other than t	the date of filing:	(option of date of filing or more than 90 days after f	nal) iling.) Pursuant to 605.03
e: If the date inserted in this	s block does not meet the applical	ble statutory filing requirements, this	date will not be listed
iment's effective date on the	e Department of State's records.		
and amorifice a deleved offer	ctive date but not an affective tin	ne, at 12:01 a.m. on the earlier of: (b)	The 90th day after t
filed,	cure date, out not an enopure (iii	and the second s	
ed		\)	
	Signature of a member or author	rized representative of a member	

Filing Fee: \$25.00