

L20000 111090

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

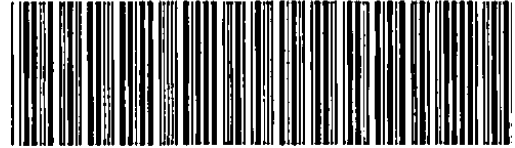
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



20034384774

05/04/20--01008--015 *

AM
5/22/20

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSET CAPITAL INTERNATIONAL INVESTMENT FUND 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:

JOHN B. WATSON

Name of Person

SUNSET CAPITAL INTERNATIONAL INVESTMENT FUND LLC

Firm/Company

12627 SAN JOSE BLVD SUITE 604

Address

JACKSONVILLE, FLORIDA 32223

City/State and Zip Code

BERTWATSONJR@GMAIL.COM

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

For further information concerning this matter, please call:

JOHN B WATSON

Name of Person

at (904) 923-0071

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

2020 MAY -4 AM 7:48

SUNSET CAPITAL INTERNATIONAL INVESTMENT FUND 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 4/23/2020 and Florida document number L20000111090.

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

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 n agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City *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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	BETROS, LISA A	12627 SAN JOSE BLVD SUITE 604	<input type="checkbox"/>
		JACKSONVILLE, FL 32223	<input checked="" type="checkbox"/>
			<input type="checkbox"/>
AMBR	CALERO, BISMARCK	12627 SAN JOSE BLVD SUITE 604	<input checked="" type="checkbox"/>
		JACKSONVILLE, FL 32223	<input type="checkbox"/>
			<input type="checkbox"/>
AMBR	JIMENEZ, CARLOS	12627 SAN JOSE BLVD SUITE 604	<input checked="" type="checkbox"/>
		JACKSONVILLE, FL 32223	<input type="checkbox"/>
			<input type="checkbox"/>
AMBR	JIMENES, LUIS	12627 SAN JOSE BLVD SUITE 604	<input checked="" type="checkbox"/>
		JACKSONVILLE, FL 32223	<input type="checkbox"/>
			<input type="checkbox"/>
AMBR	FONSICA, LUCRECIA	12627 SAN JOSE BLVD SUITE 604	<input checked="" type="checkbox"/>
		JACKSONVILLE, FL 32223	<input type="checkbox"/>
			<input type="checkbox"/>
AMBR	ZAVALA, ARACELY	12627 SAN JOSE BLVD SUITE 604	<input checked="" type="checkbox"/>
		JACKSONVILLE, FL 32223	<input type="checkbox"/>
			<input type="checkbox"/>


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

E. 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
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 a record is filed.

Dated APRIL 30 _____ 2020 _____



 Signature of a member or authorized representative of a member

JOHN B WATSON

 Typed or printed name of signee