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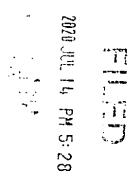
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, COVER LETTER

	Division of Co		• •	• •		
SHRIFC	SUNRISE	SUNRISE OUTLET ENTERPRISE LLC				
SUBJEC	· I · _ ·	Name of Lim	nited Liability Company			
The encle	osed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please re	turn all corresp	ondence concerning this matter	to the following:			
		LEONARDO MORLANS	JR			
			Name of Person			
		SUNRISE OUTLET ENT	ERPRISE LLC			
			Firm/Company			
		562 W 56 ST				
			Address	**************************************		
		HIALEAH FL 33012				
			City/State and Zip Code			
		MINNEAPOLIS_ROCKS@				
		E-mail address: (to be used for future annual report no	otification)		
For furth	er information	concerning this matter, please c	all:			
LEONARDO MORLANS JR		786 2272008				
	Name	of Person		me Telephone Number		
Enclosed	is a check for t	the following amount:				
■ \$25.0	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 Addre		Street Address:			
Registration Section Division of Corporations			Registration S			
	P.O. Box 63.	•	Division of Co The Centre of	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

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

SUNRISE OUTLET ENTERPRISE LLC

(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 06-22-2020	and assigned
This amendment is submitted to amend the following:	 '	and assigned
A. If amending name, enter the new name of the limit	ted liability company here:	5. 28
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u>
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>enter the na</u>	me of the new registered
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	1 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>	Address	Type of Action
MGR	PATRICIA A MORLANS	562 W 56 ST HIALEAH FL 33012	
			■Remove
			□Change
MGR	LEONARDO MORLANS JR	562 W 56 ST HIALEAH FL 33012	■ Add
			□Remove
			□ Change
			□Add
		 	□Remove
		,	□Change
		·	
			□Remove
			□Change
			□Add
			□Remove
			Change
			DAdd
			Remove
			□ Change

				
				
				
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-				
				 -
	date of filing:	date of filing or more than	(optional)	uppt to 605 0207
n effective date is listed, the date mus te: If the date inserted in this blo	ock does not meet the applicabl			
n effective date is listed, the date mus te: If the date inserted in this ble cument's effective date on the De- ecord specifies a delayed effective	ock does not meet the applicable epartment of State's records.	le statutory filing requi	rements, this date will r	ot be listed as
n effective date is listed, the date musite: If the date inserted in this blocument's effective date on the Document's effective date on the Document specifies a delayed effective is filed.	ock does not meet the applicable epartment of State's records.	le statutory filing requi	rements, this date will r	ot be listed as
n effective date is listed, the date musete: If the date inserted in this blocument's effective date on the Deceord specifies a delayed effective is filed.	ock does not meet the applicable partment of State's records. The date, but not an effective time applicable	le statutory filing require, at 12:01 a.m. on the c	rements, this date will r earlier of: (b) The 90th	ot be listed as
fective date, if other than the n effective date is listed, the date must ote: If the date inserted in this ble cument's effective date on the Deceord specifies a delayed effective is filed.	ock does not meet the applicable partment of State's records. The date, but not an effective time	le statutory filing require, at 12:01 a.m. on the c	rements, this date will r earlier of: (b) The 90th	ot be listed as