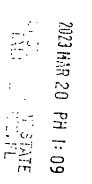
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COVER LETTER

TO:

Registration Section Division of Corporations

	UNRISE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	JEAN DAVID GANEM		
	<u> </u>	Name of Person	
	GANEM GLOBAL CPA		
		Firm/Company	
	4000 HOLLYWOOD BLV	VD STE 285-S	<i>"</i> ~ ~
	•	Address	
	HOLLYWOOD, FL 3302	1	TOTAL STATE
		City/State and Zip Code	20
	JD@GANEM.CPA		PH PH
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	PH 1: 09
JEAN DAVID GANEM	ľ	954 9294475 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

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

NANOU SUNRISE LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C Florida document number 1.20000263255	Company were filed on <u>08/25/2020</u>	and assigned
This amendment is submitted to amend the following:	<u>—</u> ·	
this amendment is submitted to amend the following.		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	2013
		100 Ex
		(R) (1) (2) (1) (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
Enter new mailing address, if applicable:		0 "
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
-		
		1E 09
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter (</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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	GISELE ARDIZZI	2450 NE 135th Street Unit 109.	
		North Miami 33181	□Remove
			≡ Change
AMGR	AURELIE ALVAREZ Y GUERRA	1401 NE 17th Avenue	□Add
		Fort Lauderdale 33304	□Remove
			☐ Change
			Remove Company
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
		444-1444	□Remove
			□ Change

	
	_
fective date, if other than the date of filing:	nt to 605.0207 be listed as
document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th dord is filed.	

Filing Fee: \$25.00

FISCE ALVIZA:
Typed or printed name of signee