

7/2/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000257447 3)))



H210002574473ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : LEVINE & PARTNERS, P.A.
Account Number : 074677001117
Phone : (305)372-1350
Fax Number : (305)423-3206

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

Email Address: gsr@levinslawfirm.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSET ISLAND HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2021 JUL -2 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2021 JUL -2 PM 4:24
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY
JUL -6 2021

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

Sunset Island Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 JUL -2 PM 4:24
CLERK OF CIRCUIT COURT
PALM BEACH COUNTY, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/9/2020 and assigned
Florida document number 120000384674.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

255 Boundary Blvd.

Unit 204

Rotonda West, FL 33947

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

255 Boundary Blvd.

Unit 204

Rotonda West, FL 33947

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:

255 Boundary Blvd., Unit 204

Enter Florida street address

Rotonda West

City

Florida 33947

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.

Grace Ruffin

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Grace Rufin	255 Boundary Blvd., Unit 204	<input type="checkbox"/> Add
		Rotonda West, FL 33947	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Jorge A. Rufin	255 Boundary Blvd., Unit 204	<input type="checkbox"/> Add
		Rotonda West, FL 33947	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL HANDS
2021 JUL -2 PM 4:24
FILED

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

FILED

2024 JUL -2 PM 4:24

FALL RIVER SOCIETY

E. Effective date, if other than the date of filing: _____ (optional)

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 July 2 2021

Grace Ruffin

Signature of a member or authorized representative of a member

Grace Ruffin

Typed or printed name of signee