## L21000298185

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## **COVER LETTER**

TO:

	Registration Se Division of Cor					
eun inc	SUNNY ISLES ASSETS LLC					
SUBJEC	1:	Name of Lim	nited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please ret	urn all correspo	ondence concerning this matter	to the following:			
		JHON VELASCO				
			Name of Person			
		SUNNY ISLES ASSETS I	LLC			
			Firm/Company			
		17180 ROYAL PALM BLVD STE 3				
			Address			
	WESTON, FL 33326					
		<del></del>	City/State and Zip Code			
		Operation@sflurgentcare.co				
		E-mail address: (	(to be used for future annual report notification)			
For furthe	er information c	oncerning this matter, please co	all:			
Jhon Vel	asco		305 3035349 at ( )			
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certificate of Stat Certified Copy (additional copy is enc	us &		
Mailing Address: Registration Section			Street Address: Registration Section			
Division of Corporations			Division of Corporations			
Registration Section			Registration Section			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 AUG -9 PM 3: 33

SUNNY ISLES ASSETS 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 Compar	ny were filed on <u>06/28/2021</u>	and assigned		
Florida document number L21000298185				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company here:			
The new name must be distinguishable and contain the words "Limited Liz	ability Company," the designation "L	J.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)				
		7 to F-1		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>ent</u>	ter the name of the new registered		
agent and of the new registered street audition in the				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		Florida Zip Code		
	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 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		- 03		
<u>Title</u>	<u>Name</u>	Address 21 AUG -9 PH 3: 33	Type of Action	
AMBR	DL VIVLIC SLITANO INVISTMENTS LLC	17180 ROYAL PALM BLVD STE 3	<b>=</b> Add	
		WESTON, FL 33326	□Remove	
			☐ Change	
AMBR	veiasco & veilez	17180 ROYAL PALM BLVD STE 3	🗆 Add	
	INVESTMENTS LLC	WESTON, FL 33326	= Removc	
			□Change	
			□Add	
			□Remove	
			□Change	
			🗆 🗆 Add	
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). II amendi	ing any other in	formation, enter o	mange(s) nere:	(Анасп аааны)	iai sneets, ij neces.	sury.)	
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(If an effective Note: If t	ve date is listed, the o he date inserted in	an the date of filir late must be specific ar this block does not the Department of	nd cannot be prior to meet the applicat	date of filing or mo	( <b>option</b> re than 90 days after fi requirements, this o	ling.) Pursuant to 605	5,0207 (3)( ed as the
cord is filed.		effective date, but no			n the earlier of: (b)	The 90th day afte	er the
Dated	June	2 7	. 221	 18			
		Signature of a	i incinoci or autyor	izeu representative e	f a member	· · · · · · · · · · · · · · · · · · ·	
			Typed or printed	I name of signee			

Filing Fee: \$25.00