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	equestor's Name)	
(IVE	equestors (vame)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
PICK-UP		MAIL
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(Bu	siness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2022 HAR 21 PM 3: 47
SECRETARY OF STATE

A. BUTLER APR 05 2022

COVER LETTER

	egistration Sec ivision of Corp				
etin wex	NOADEDI I	LLC			
SUBJECT	:	Name of Lim	ited Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspon	dence concerning this matter	to the following:		
		DAVID AVNER			
			Name of Person		
		NOADEDI LLC			
			Firm/Company		
		2600 EAST HALLENDAI	LE BEACH BLVD T2001		
			Address		 _
		HALLENDALE, FL 3300	99		
			City/State and Zip Code		
		DEDIAVNER@LATITUD	ELTDUSA.COM to be used for future annual repo		
For further	information co	ncerning this matter, please ca	·	ra notification)	
DAVID A	VNER		516 428-18		
	Name of I	Person	at () Area Code I	Daytime Telepho	ne 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

NOADEDILLC

company has been notified in writing of this change.

2022 MAR 21 PM 3: 47

(Name of the Limited Li	ability Company as it now appears on ou lorida Limited Liability Company) — ১১[r records.)
(A FI		ur records.) Che (A.V.) OF STATE ALLAHASSEE, FL
The Articles of Organization for this Limited Liabili	ity Company were filed on AUGUST	25,2021 and assigned
Florida document number 1.21000381010	· · · · · · · · · · · · · · · · · · ·	
	 ,	
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
SUNDIAL 48 LLC		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
		.
<u>Principal office address MUST BE A STREET AI</u>	<u></u>	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>	
3. If amending the registered agent and/or regist	tered office address on our records	, enter the name of the new regi
gent and/or the new registered office address he		
Name of New Registered Agent:		
N. D. C. LOSS ALL		
New Registered Office Address:	Enter Florida stre	et address
_	City	Florida Zip Code
	v.u.v	гар Соае
New Registered Agent's Signature, if changing Regist	_	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

					
					
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ffective date, if other than than effective date is listed, the date must be an effective date inserted in this becomment's effective date on the I	lock does not meet the	e applicable statutor	ng or more than 90 da ry filing requiremen	(optional) nys after filing.) Pursuant i nts, this date will not b	to 605.0207 e listed as
record specifies a delayed effecti I is filed.	ve date, but not an effe	ective time, at 12:0	I a.m. on the earlie	r of: (b) The 90th day	after the
MARCH 14	2022	2			
ated MARCH 14	. 2027	2			
ated MARCH 14	2022	2	· 		
ated MARCH 14	Signature of a member		entative of a member		

Filing Fee: \$25.00