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(Re	questor's Name)	
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SECRETARY OF STATE

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COVER LETTER

TO: Registrati Division o	Section Corporations	
SUBJECT:	Sunrisc Property Rentals Name of Limited Liability Company	
	Name of Limited Liability Company	
The enclosed Articl	of Amendment and fee(s) are submitted for filing.	
Please return all cor	spondence concerning this matter to the following:	
	Davide Nicosia & Jeannie Zapata Name of Person	
	Sunrise Property Rentals	
	450 NE 130th Street	
	M 1 ami FL 331 lel City/State and Zip Code	
	Supriseprities gmail.com E-mail address: (to be used for future annual report notification)	
	E-mail address: (to be used for future annual report notification)	
For further informat	n concerning this matter, please eall:	
Jeann	c Zapata 11,305, 510-4764	
N	e of Person at (305) S10"4764 Area Code Daytime Telephone Number	
Enclosed is a check	r the following amount:	
□ \$25.00 Filing F	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
<u>Mailing Ac</u> Registrat	ress: Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunrise Prop	perty Rentals Li	_C
(<u>Name of the Limited Li</u> (Å F)	ability Company as it now appears orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabili Florida document number		98-01-2022 and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company her	<u>ē</u> :
The new name must be distinguishable and contain the words	'Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AI	ODRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our rec re:	ords, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	a street address
	City	Florida Zip Code
	Cuy	z.ip Сохіє

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**

Title	<u>Name</u>	Address	Type of Action
HGR	Davide Nicosia	450 NE 130th St.	🗆 🗆 Add
		Hiami FL 33161	□Remove
			XChange
			□ \ \ dd
		· · · · · · · · · · · · · · · · · · ·	□Remove
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(If an el <u>Note:</u>	tive date, if other than the date of filing:
ne reco ord is f	rd 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 sled.
	August 18 2022
Dated	
Dated	August 18 2022 Dun Zancta Signature of a member or authorized representative of a member