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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GBS CONSULTANTS, INC.

Account Number : I20050000012 : (954)659-8835 Fax Number : (954)301-0417

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

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SUNRISE 107, LLC**

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SUNRISE 107, LLC		
(Name of the Limited Liab (A Flor	ility Company as it now appeared Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	10/04/2023	and assigned
Florida document numberL23000457645	<del></del> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company h	ere:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET ADD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			-
Mulling address MAT BE A FOST OF FICE BOX			<u>.                                  </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here		records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	rida street address	•
		, Florida _	
	City		Zip Code
New Registered Agent's Signature, if changing Register	red Agent:		•••
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance of agent as provided for in ( cred office address, I here	f my duties, and I an Chapter 605, F.S. O	i familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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19549515293

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
MGR	Michelle Meneses Puerta	6842 NW 112th Ave, Doral FL 33178	
			□ Remove
			□ Change
			□Remove
			□Change
<u></u>			DAdd
			□Remove
			□Change
<del></del>			□ Add
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			□Add
			Remove
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<del></del>	
ffective	date, if other than the date of filing:(optional)
an effectiv	re 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 605.02 he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocument'	s effective date on the Department of State's records.
record sp l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	october 24 . 2023 .
	e L E
	Withelle Meneyls 1947 75, 2023 13 02 EDT)  Signature of a member or authorized representative of a member
	dignitize of a memory of authornica representance of a memory
	Michelle Meneses Puerta

Filing Fee: \$25.00