## 175689

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	

Office Use Only



100230695441

04/24/12--01010--009 \*\*35.00

SEORETANY OF STATE

Amend

'APR 2 6 2012 T. LEWIS

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	ATION: SOUND OF	SUNRISE FLO	ORIDA INC.
DOCUMENT NUME	ER: L75689		
The enclosed Articles	of Amendment and fee are sub	omitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
	SAUL LEVY		
		Name of Contact Person	1
	SOUND OF SUN	RISE FLORIDA	INC.
		Firm/ Company	
	7752 NW 44TH S		
	SUNRISE FL. 33:	Address	
	SUNKISE FL. 33.	City/ State and Zip Code	Δ
		•	·
asit	rish@bellsouth.ne	ed for future annual report	notification
	E-mail address. (to be use	ed for fature amidal report	nouncation)
For further information	concerning this matter, please	e call:	
saul levy		<sub>at (</sub> 954	746-0308
Name o	f Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made p	ayable to the Florida Depa	artment of State:
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address Indment Section Ission of Corporations Box 6327 Ishassee, FL 32314	Amend Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of

## FILED

12 APR 24 PM 12: 05

sound of sunrise florida inc.	SECRETARY OF STATE
(Name of Corporation as currently filed with the Florida Dept. of State)	-TALLAHASSEE #LORIDA
L75689	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adoptits Articles of Incorporation:	ts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporate "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation word "chartered," "professional association," or the abbreviation "P.A."	The new red" or the abbreviation name must contain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of new registered agent and/or the new registered office address:	of the
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida,	
. (City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of  Signature of New Registered Agent, if changing	f the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change Add Remove	PRES	RIVKA LEVY	1860 NW 109TH AVE. PLANTATION FL. 33322	
2) Change Add Remove	PRES	SAUL LEVY	1860 NW 109TH AVE. PLANTATION FL. 33322	
3) Change Add Remove				
4) Change Add Remove			·	
5) Change Add Remove				
6) Change Add Remove				<u> </u>

If amending or adding additional Artic (attach additional sheets, if necessary).	
,	
	- 17 18 18 18 18 18 18 18 18 18 18 18 18 18
	· · · · · · · · · · · · · · · · · · ·
If an amandment provides for an evolu-	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
	ROM 100 SHARES TO -0- SHARES
HANGR: SAUL LEVY F	ROM -0- SHARES TO 100 SHARES
	·

The date of each amendment(s) adoption: 04/09/12	
Effective date if applicable:	
	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	(CHECK ONE)
■ The amendment(s) was/were add by the shareholders was/were su	pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.  The amendment(s) was/were ado	pted by the board of directors without shareholder action and shareholder pted by the incorporators without shareholder action and shareholder
action was not required.	10
Dated 04/09/	IZ
Signature	me long
(By a d selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)
	SAUL LEVY
	(Typed or printed name of person signing)
	PRESIDENT
	(Title of person signing)