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SECRETARY OF STATE

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MAY 28 2015

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COVER LETTER

CR2E055 (12/14)

TO: Registration Section Division of Corporations				
SUBJECT: Sunny Isles Luxury Name of Foreign			unv	_
Dear Sir or Madam:		,		
Dear Sir or Madam:				
The enclosed application, certificate and fee(s) a	are submitted for	r filing.		
Please return all correspondence concerning this	s matter to the fo	ollowing:		
Masoud Shojaee				
Name of Person				
Sunny Isles Luxury Resort	s, LLC			
Firm/Company				
3470 NW 82nd Avenue, Su	ite 988		į	로상 교
Address	· ·		· -	
Doral, FL 33122)		;	
City/State and Zip Code	 			
mshojaee@shomagroup				
E-mail address: (to be used for future annual	report notification	on)		
For further information concerning this matter, p	alansa aall:			
Frank Silva, Esq.	786	437-8	3658	
Name of Person	at ()		Telephone Number	— er
		•	•	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 see, Florida 32314	
Enclosed is a check for the following amount: □ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status	□ \$55 Filing D		□ \$60 Filing Fee, Certificate of St Certified Copy	tatus &

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT, TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Co.	mpany as it a	appears on the records of	f the Florida	Department of	of
State: Sunny Isles Lu	ıxury Re	esorts, LLC			
		•	4.400000	20400	
2. The Florida document number of	this limited	liability company is: IVI	1400000	J64UZ	
3. Jurisdiction of its organization:	Delawar	е			
4. Date authorized to do business in	ı Florida: _ F	August 22, 2014			
SECTION II (5-9 complete only the	he applicabl	le changes)			
5. New name of the limited liability	· company.	Anastasia Luxury			
(If name unavailable, enter alternate name adopt consent of the managers or managing members Company," "L.L.C." or "LLC.")	ed for the purpo adopting the alte	ose of transacting business in Floernate name. The alternate name	rida and attach a must contain "Li	copy of the writte mited Liability	≑n
6. If amending the registered agent a the new registered agent and/or the s	ınd/or registe new registere	ered office address on ou ed office address here:	r records, e <u>n</u>	ter the name	<u>of</u>
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
	N/A	Enter Florida Stre	et Address		
	IN/A	City	, Florida _	Zin Code	
New Registered Agent's Signature, I hereby accept the appointment as a comply with the provisions of all staduties, and I am familiar with and a provided for in Chapter 605, F.S. Or registered office address, I hereby conviting of this change.	registered ag tutes relative ccept the obt r, if this doct onfirm that t	gent and agree to act in the to the proper and compligations of my position aument is being filed to muther limited liability complete Registered Agent, Signature of New	olete perform us registered erely reflect any has beer	nance of my agent as Entre in the notified in	/1810 /1810
7. If the amendment changes the jur	usdiction of (organization, indicate ne	w jurisdictio	n:	<u>×</u> ,

8. If the amendment of N/A	changes person, title or capacity in	accordance with 605.0902 (1)(e), in	ndicate that change:
Title/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			□ Remove
			□ Add
			□ Remove
			Remove
			Add
			□ Remove
		<u> </u>	Add
			□ Remove
aforementioned a	er the law of which this entity is signature of the	he authorized representative	dy of records in the CAN OF CAN
		Shojaee ed name of signee	ORATIO

Filing Fee: \$25.00

State of Delaware Secretary of State Division of Corporations Delivered 04:20 PM 05/19/2015 FILED 04:19 PM 05/19/2015 SRV 150713708 - 5585927 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

	Luxury Resorts LLO	
The Certificate of the follows:	of Formation of the limited	liability company is hereby amend
Change LLC	name to: Anastasia	Luxury Townhomes LLC
	•	
IN WITNESS V	VHEREOF the undersigne	of have executed this Certificate or
		nd have executed this Certificate or , A.D. 2015
	VHEREOF, the undersigned day of May	
	day of May	
IN WITNESS V the 18th		A.D. 2015
	day of May	
	day of May By:	A.D. 2015