

M2100000 1344

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED

2021 SEP -7 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2021 SEP -7 PM 3:17

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 9-7-21

**\*\*WALK IN\*\***

ENTITY NAME Sunrise Menlo LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXX  
XXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 60.06

ACCOUNT # 120140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunrise Menlo LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jocelyn C. Beckman

Name of Person

ARCTRUST Properties, Inc.

Firm/Company

1401 Broad Street

Address

Clifton, New Jersey 0713

City/State and Zip Code

jbeckman@arctrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jocelyn C. Beckman

Name of Person

at ( 973 ) 249-8016

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee.  
Certificate of Status &  
Certified Copy

CR2E055 (9/15)

**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 Company as it appears on the records of the Florida Department of

State: Sunrise Menlo LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000011344

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 27, 2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: Sunrise SPI LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

2021 SEP - 7 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

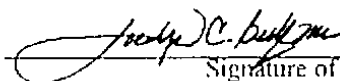
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FILED  
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TALLAHASSEE, FL

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Jocelyn C. Beckman

Typed or printed name of signee

Filing Fee: \$25.00

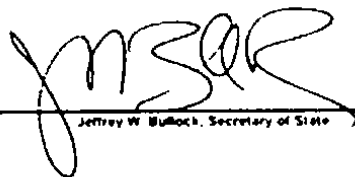
# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF  
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT  
COPY OF THE CERTIFICATE OF AMENDMENT OF "SUNRISE MENLO LLC",  
CHANGING ITS NAME FROM "SUNRISE MENLO LLC" TO "SUNRISE SPI  
LLC", FILED IN THIS OFFICE ON THE SEVENTH DAY OF SEPTEMBER,  
A.D. 2021, AT 8:58 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

6191062 8100  
SR# 20213173345

Authentication: 204092930  
Date: 09-07-21

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

## STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Sunrise Menlo LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Paragraph FIRST of the Certificate of Formation of the limited liability company is hereby amended in its entirety to read as follows:

The Name of the Limited Liability Comapny is Sunrise SPI LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 6th day of September, A.D. 2021.

By: Jocelyn C. Beckman  
Authorized Person(s)

Name: Jocelyn C. Beckman  
Print or Type