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AUG 06 2014

R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: SPECIAL	SUNRISE CLUB, INC.			
DOCUMENT NUMBER: NO700004	423			
The enclosed Articles of Amendment and fee are subs	mitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
PHILIP TIFFANY				
	(Name of Contact Person)			
SPECIAL SUNRISE CLU	JB INC.			
	(Firm/ Company)			
2191 NW 87TH AVE				
	(Address)			
SUNRISE, FL 33322				
	(City/ State and Zip Code)			
SPECIALSUNRISECLUB@GMAIL.COM				
E-mail address: (to be used	for future annual report notification)			
For further information concerning this matter, please	call:			
Philip Tiffam	at (954) 270 2585 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount made pa	yable to the Florida Department of State:			
\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy (Additional copy is enclosed) □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Articles of Amendment Articles of Incorporation filed with the Florida Dept. of State) 00000 PM (Document Number of Corporation (if known) Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name. 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 the new registered agent and/or the new registered office address: 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 the position.

Page 1 of 4

Signature of New Registered Agent, if changing

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 <math>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 X Remove X Add	V <u>Mik</u>	<u>n Doe</u> e Jones y Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	<u>D</u>	William Reith	3131 SW 20 STREET Ft. LAnderdonk FL
Add Remove			33312
2) Change	<u>D</u>	Eilean Oell-Hak	11905 Royal Palm Blud
Add Remove			Gral Springs, FL 33065
3) Change Add	<u>D</u>	Alexander Pabiner	3904 SW 13 STREET Apt. 5
Add			H. Lauderdak, FC 33312
4) Change	<u>D</u>	Michele Mendez	5890 NW 41 TERRAGE Ft. Landerdale, FL
Remove			33319
5) Change			
Remove			
6) Change Add			
Remove			

attach additional sheets, if necessary).	(Be specific)		
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The date of each amendment(s) adoption: 5 (AVE 23, 2014) date this document was signed.	, if other than the			
Effective date if applicable: (no more than 90 days after amendment file date)				
Adoption of Amendment(s) (CHECK ONE)				
The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.				
☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.				
Dated July 10, 2014 Signature				
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)				
Philip Tiffany (Typed or printed name of person signing)				
Difector (Title of person signing)				