

11/17/2017

2017-11-17 10 31 46 CST

19542080845 From Ranae McGraw

Florida Department (Le Division of Chromather Electronic Billing Cover - b

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003040453)))



H170003040453ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number

: FCA000000023

Phone

: (512)418-6949

Fax Number

: (954)208-0845

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

Email Address:\_

ALCOLUTED WITH LE

## COR AMNO/RESTATE/CORRECT OR O/D RESIGN MIAMISUNRISE PROPERTIES CORP.

ر در	
Certificate of Status	0
Certified <b>G</b> py	0
Page Count	06
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

41 - , \5 - . .

MON 5 O SSIL

## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: MIAMI SUNRIS	E PROPERTIES CORP.	
	P12000102706		
DOCUMENT NUME	BER:	·····	
The enclosed Articles of Amendment and fee are		ubmitted for filing.	
Please return all corres	pondence concerning (lis m	atter to the following:	
	Camila Koelbl		
	Miami Sunrise Proporties L	Name of Contact Person LC	1
		Firm/ Company	
	660 Crandon Blvd, Unit 22:	• •	
-	1000 Crangon Divu, Omezz.		
		Address	
	Key Biscayne, FL 33149		
	111	City/ State and Zip Code	3
camila@miamisuurise.net			
<del></del> :-	E-mail address: (to be t	ised for future annual report	notification)
For further information	concerning this matter, ples	esc call:	
Camila Koelbl		at ( 305	428-2231
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for the following amount mide		. 11	and the second
Enclosed is a check for	the following amount made	payable to the Florida Liepa	itment of State:
S35 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. Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton 2661 E.	Address ment Section n of Corporations Building xecutive Center Circle ssee, FL 32301

Articles of Amendment

	to Articles of Incorporation of		
Miami Sunrise Properties Corp.	<b>51</b>		
	poration as currently filed with the Florida Dept	l. of State)	—
112000102706			
	Document Number of Corporation (if known)		
Pursuant to the provisions of section 607.1006 its Articles of Incorporation:	Florida Statutes, this <i>Florida Profit Corporation</i> ad	lopts the following amendmen	t(s)
A. If amending name, enter the new name of	the corporation:		
	<u></u>	The new	
"Corp.," "Inc.," or Co.," or the designation word "characted," "professional association."		rated" or the abbreviation tion name must contain the	
B. Enter new principal office address, if app. (Principal office address MUST BE A STREE	Ileable:		
C. Enter new mailing address, if applicable			
(Malling address MAY BE A POST OFFIR	CE BOX		
D. If amending the registered agent and/or remew registered agent and/or the new regis	reistered office address in Florida, enter the ann	ie of the	
Name of New Rogistered Agent	III	<del></del>	
New Registered Office Address:	(Florida street address)	, Florida	
	(Cir <sub>j</sub> )	(Lip Code)	
New Registered Agent's Signature, if changi			
I hereby accept the appointment as registered a	gent. I am familiar with and accept the obligations	s of the position.	
ı			
	Signature of New Registered Agent, if changing	NOV 17	
	Page 1 of 4		j

6) ..... Change

\_\_\_\_ Remove

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 (Attach additional sheets, if necessary) 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 marrier. Currently John Doe is listed as the PST and Mike Jones is listed as the Y. 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, Shas an Add. Example: X.Change PT John Doc X Remove <u>V</u> Mike Jones X Add <u>SV</u> Sally Smith Type of Action Title Address (Check Onc) Elena Arechaga PTS 1904 NW 84 AVE I) \_\_\_\_ Change MIAMI, PL 33126 \_\_. Add Remove Camila Keelbl PTS 660 Crandon Blvd, Unit 225 2) \_\_\_\_ Change Key Biscayne, FL 33149 \_ Add \_Remove 3 ) \_\_\_\_ Change \_\_\_ Add Remove 4) \_\_\_\_ Change \_\_\_\_Add \_ Remove 5) \_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ Remove

Page 2 of 4

E. If amending or adding additional Articles.	enter change(s) here:
(Attach additional shows, if newessary) (B	c specific)
F. If an amendment provides for an exchange or oversions for implementing the amendment	reclassification, or cancellation of issued shares, in it not contained in the amendment itself:
(if not applicable, indicate N/A)	
	Page 3 of 4
	Cage 5 Os 4