

2/5/25, 2:05 PM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L25000025499

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.

(((H25000045140 3)))



H250000451403ABC

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)617-6383

From:

Account Name : DARLIN ESPINOSA
Account Number : I20250000022
Phone : (305)772-5860
Fax Number : (305)912-0420

2025 FEB -5 PM 5:13
RECEIVED
CORPORATION DIVISION

FILED

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNRISE JC LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

FEB - 6 2025

DocuSign Envelope ID: FD46608E-D2DA-46F0-B220-8478DF4E7185

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNRISE JC LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALFONSO JALLER CABALLERO

Name of Person

Firm/Company

1007 NORTH FEDERAL HIGHWAY SUITE 90

Address

FORT LAUDERDALE, FL 33304

City/State and Zip Code

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

For further information concerning this matter, please call:

ALFONSO JALLER CABALLERO

786

238-2789

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUNRISE JC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

p.3
FILED
2025 FEB -5 PM 5:13
CLERK OF COURT
GALLAHADIE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/14/2025 and assigned
Florida document number L25000025499

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices 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)

B. If amending the registered agent and/or registered office 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

City, Florida 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

DocuSign Envelope ID: FD46608E-D2DA-46F0-B220-84780F4E7185

If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JC GODIN LLC	1007 NORTH FEDERAL HIGHWAY	<input type="checkbox"/> Add
		SUITE 90	<input checked="" type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change
MGR	JCD DEL. LLC	1007 NORTH FEDERAL HIGHWAY	<input checked="" type="checkbox"/> Add
		SUITE 90	<input type="checkbox"/> Remove
		FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 025 FEB -5 PM 5:13
 ALABAMA
 2005

DocuSign Envelope ID: FD46608E-D2DA-46F0-B220-8478DF4E7185

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
AUG 5 1965
FBI - MEMPHIS

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 27th 2025

Signed by:

Alfonso Valler Caballero

Signature of a member or authorized representative of a member

ALFONSO JALLER CABALLERO

Typed or printed name of signee

Filing Fee: \$25.00