

L1 0000113636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

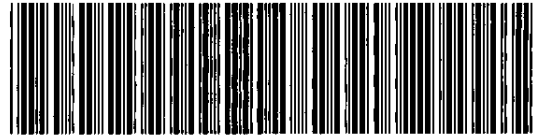
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

JAN - 4 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SRU PROPERTIES, 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:

SHANNON UNGERER
Name of Person

SRU PROPERTIES, LLC
Firm/Company

701 S HOWARD AVE., STE 106-225
Address

TAMPA, FL 33606
City/State and Zip Code

SUNGERER10@MSN.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANNON UNGERER at (813) 380 4277
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FL 32301

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SRU PROPERTIES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned Florida document number L1000113636.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

701 S HOWARD AVE
STE 106-225
TAMPA FL 33606
701 S HOWARD AVE
STE 106-225
TAMPA FL 33606
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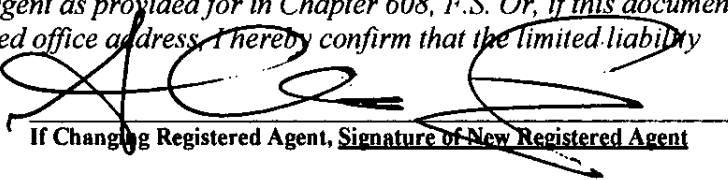
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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: SAME (SHANNON UNYERER)
New Registered Office Address: 701 S HOWARD AVE, STE 106-225
Enter Florida street address
TAMPA, Florida 33606
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 608, 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

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

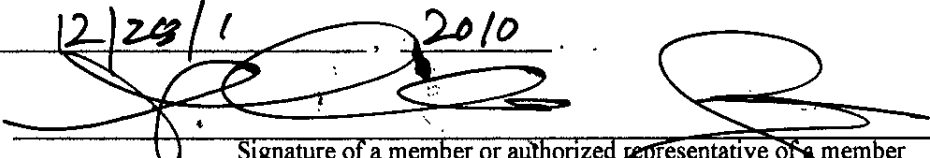
Title	Name	Address	Type of Action
MGR	SHANNON UNGERER	701 S HOWARD AVE STE 106-225 TAMPA, FL 33606	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> ADDRESS CHANGE
MGRM	ROBERT UNGERER	PO BOX 667647 POMPANO BCH FL 33060	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

INTENTION OF AMENDMENT IS TO CHANGE ADDRESS:
NOTHING SHOULD READ: 2423 W SUNSET DR
ALL SHOULD READ: 701 S HOWARD AVE,
STE 106-225 &
TAMPA FL 33629

Dated 12/23/10 2010



 Signature of a member or authorized representative of a member
SHANNON UNGERER

 Typed or printed name of signee