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PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
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Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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# BRYAN J. STANLEY, P.A.

ATTORNEY AT LAW

209 TURNER STREET CLEARWATER, FLORIDA 33756 TELEPHONE (727) 461-1702 FACSIMILE (727) 461-1764 E-MAIL: david@bryanjstanley.com

October 24, 2014

#### VIA FEDERAL EXPRESS

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization of Sunbelt Asset

Management LLC

Document No.: L13000082866 Our File No.: 50026-0005

#### Ladies and Gentlemen:

Enclosed herewith please find the following items related to the above-referenced matter:

- Cover letter to Registration Section, Division of Corporations;
- Articles of Amendment to Articles of Organization of Sunbelt Asset Management LLC; and
- This firm's check in the amount of \$30.00 payable to the Florida Department of State.

Following the filing of the subject Articles of Amendment, please direct your letter acknowledging the filing of same to the undersigned. Thank you for your prompt attention to this matter.

Sincerely,

BRYAN J. STANLEY, P.A.

David R. Phillips, Esq.

DRP/kg Enclosures

## **COVER LETTER**

Div	ision of Corpo	rations			
SUBJECT:	SUNBELT	ASSET MANAGEMEN	NT LLC		
oodsec.	<u> </u>	Name of Limite	ed Liability Company	<del></del>	
		•			
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	lence concerning this matter to	o the following:		
		David R. Phillips, Esc	۹.		
Name of Person					
Bryan J. Stanley, P.A.					
Firm/Company					
209 Turner Street					
			Address		
		Clearwater, FL 33756	6		
			City/State and Zip Code		
		david@bryanjstanley.	com  be used for future annual report notifi	cation)	
For further is	nformation cor	icerning this matter, please cal	·	curion)	
David R.		,,	727 461-1702		
	Name of I	erson	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:			
□ \$25.00 I	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:

TO:

**Registration Section** 

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

SUNBELT ASSET MANAGEN					
(Name of the Limited I	Liability Compar Florida Limited L	ny as it now appears on our record liability Company)	<u>s.</u> )		
The Articles of Organization for this Limited Liabi Florida document number L13000082866	lity Company	were filed on June 7, 2013		_ and ass	igned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
The new name must be distinguishable and end with the work	ds "Limited Liabi	lity Company," the designation "LL	C" or the abbr	eviation "I	L.L.C."
Enter new principal offices address, if applicable	e:	4 E. Lancaster Avenue			
(Principal office address MUST BE A STREET A	(DDRESS)	Paoli, PA US 19301			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office			s, enter th	e name	of the new
Name of New Registered Agent:	David R. Ph	illips, Esq.	<u></u>		E de la company
New Registered Office Address:	Bryan J. Sta	anley, P.A., 209 Turner S  Enter Florida street addres	3 1	7	Parameter.
	Clearwater		1	्र <b>क्र</b> 56 <b>५</b> :	
<u>-</u>		City F1	orida 33/3	Zip Care	
New Registered Agent's Signature, if changing Reg	istered 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

Page 1 of 3

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

MGR = Manager

AMDK - A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>		_ □ Add
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If	amend	ling any other inf	ormation, enter chan	ge(s) here:	(Attach additional sh	eets, if necessary.)
		1				
					<del>.</del>	
(T)	he effecti	ve date must be specifi	in the date of filing: _ ic, cannot be prior to date or the Florida Department of	f receipt or file	ed date and cannot be more	(optional) than 90 days after
D	ated	October &	23	2014		
		,	Hay	<u> </u>	_	
			Signature of a men	ber or author	ized representative of a me	mber
			KETAN	VORA		
			Tv	ned or printed	name of signee	

Page 3 of 3

Filing Fee: \$25.00

SECNETARY OF STATE