

Division of Corporations

L13000101289

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

FILED  
2013 AUG 22 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

(((H130001871153)))



H130001871153ABC.

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 : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (305) 789-9201

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

Email Address: esalcedo@fowler-white.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUN CAPITAL INVESTMENT GROUP LLC

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

RECEIVED  
13 AUG 22 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

(H130001871153)

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: SUN CAPITAL INVESTMENT GROUP LLC  
Name of Limited Liability Company

FILED  
2013 AUG 22 AM 8:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Please return all correspondence concerning this matter to the following:

Jeanne Fuentes Lopez

Name of Person

Fowler White Burnett, P.A.

Firm/Company

1395 Brickell Avenue, 14th Floor

Address

Miami, Florida 33131

City/State and Zip Code

esalcedo@fowler-white.com

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

For further information concerning this matter, please call:

Jeanne Fuentes Lopez

Name of Person

at ( 305 ) 789-9269

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

(H130001871153)

FILED  
2013 AUG 22 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(H130001871153)

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SUN CAPITAL INVESTMENT GROUP 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 07/17/2013 and assigned  
Florida document number L13000101289

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 "L.L.C." or the abbreviation "L.L.C."

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*

\_\_\_\_\_, Florida \_\_\_\_\_

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

(H130001871153)

(H130001871153)

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

| <u>Title</u> | <u>Name</u>               | <u>Address</u>                          | <u>Type of Action</u>                      |
|--------------|---------------------------|---|--|
| MGR          | Corporate Management Inc. | 8236 NW 30th Terrace                    | <input type="checkbox"/> Add               |
|              |                           | Doral, Florida 33122                    | <input checked="" type="checkbox"/> Remove |
| MGR          | Selly Setton              | c/o 1395 Brickell Avenue, 14th FL (JFL) | <input checked="" type="checkbox"/> Add    |
|              |                           | Miami, Florida 33131                    | <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  
 TALLAHASSEE, FLORIDA  
 2013 AUG 22 AM 8:39  
 FILED

(H130001871153)

(1130001871153)

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

---



---

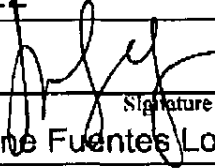


---



---

Dated August 22, 2013



Signature of a member or authorized representative of a member

Jeane Fuentes Lopez

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED

2013 AUG 22 AM 8:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA