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Special Instructions to Filing Officer:

L. SELLERS

MAR 31 2010

EXAMINER

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 30 PH I:

COVER LETTER

TO: Registration Second Division of Corp				
SUBJECT: Chan	ge Name - 2330 S	unrise LLC to 771 S	SW 148 LLC	
		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sul	bmitted for filing.		
Please return all correspon	dence concerning this matter	r to the following:		
	JOS	SEPH B. RYAN III, ES	Q.	
		Name of Person		
	JO	SEPH B. RYAN III, P.A	٨.	
	2701 S	6. Bayshore Drive, Suit	te 402	
		Address		
		MIAMI, FL 33133		
		City/State and Zip Code		
	E-mail address: (berisimus@aol.com to be used for future annual repo	rt notification)	
For further information col	ncerning this matter, please	call:		
	B. RYAN III, ESQ.	at (_305)	444-4949	
Name of	Person	Area Code & I	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 en	closed) Certified	te of Status &
Registrat	NG ADDRESS: tion Section of Corporations	Registration	OURIER ADDRESS: Section Corporations	
P.O. Box		Clifton Build		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2330 Sunrise LLC		
(<u>Name of the Li</u>	mited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limi	ted Liability Company were filed on _	February 12, 2010	and assigned
Florida document number L1000	0016368		
This amendment is submitted to amend th	e following:		
A. If amending name, enter the new na	me of the limited liability company	<u>here</u> :	
	771 SW 148 LLC		
The new name must be distinguishable and e "L.L.C."	nd with the words "Limited Liability Co	mpany," the designation "Ll	.C" or the abbreviation
Enter new principal offices address, if a	pplicable:		
(Principal office address MUST BE A ST	TREET ADDRESS)		
	-		
	•		
Enter new mailing address, if applicable	e:		
(Mailing address MAY BE A POST OF F	FICE BOX)		
B. If amending the registered agent		on our records, <u>enter th</u>	e name of the new
registered agent and/or the new register	red office address here:		
		TAL	s
Name of New Registered Agent:		<u>-</u>	R A
New Registered Office Address:			
		Enter Florida street addr	St. O
		, Florida	
	City	22	Zip Code
New Registered Agent's Signature, if chan	ging Registered Agent:	Ē	Ti Ci

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					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action		
			Add		
			Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add		
D. If am	nending any other information, en	ater change(s) here: (Attach additional sheets, if necessal	ry.)		
					
Dated	March 29	, <u>2010</u> .			
	Signature	of a member or authorized representative of a member			
		Joseph B. Ryan III, Esq.			

Page 2 of 2

Filing Fee: \$25.00