113000021520

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MAY n 7 2013 D. BUTLEK

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

Sunfest Mansfield, 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:

Clifford Rosen

Name of Person

Rosen Associates

Firm/Company

2665 S. Bayshore Drive, Suite 701

Address

Miami, Florida 33133

City/State and Zip Code

jamago@rosenassoc.com

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

For further information concerning this matter, please call:

Juani Amago

,305,859-4900

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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunfest Mansfield, LLC		
(Name of the Limited Liability (A Florida)	y Company as it now appears on our recor Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liability C Florida document number <u>L13000021520</u>	Company were filed on February 11, 2	013 and assigned
Florida document flumber	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
Sunfest Ontario, LLC		
The new name must be distinguishable and end with the wor"L.L.C."	ords "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		7
(Principal office address MUST BE A STREET ADDI	RESS)	
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		4 41
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	vet address
	, Flor	
	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 = Mai MGRM = M	= Manager M = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			·¬	
			Add	
	·		Remove	
			2	
			Add	
		•	Remove	
	. •		Add	
		·	Remove	
			Add	
			Remove	

amending any other	information, enter change(s) here: (Attach additional sheets, if necessary.)
	
April 22	2013
	OF THE STATE OF TH
	Signature of a member or antivortized representative of a member
	Clifford Rosen
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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