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Manuel - Banil: fi

## COVER LETTER

Registration Section

Division of Co	orporations		÷
SUBJECT:	SUN	NPORT, L.C.	•
	Name of Lim	nited Liability Company	1
•			•
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	•
Please return all corresp	ondence concerning this matte	or to the following:	1 ,
			•
•		ARTHUR TRUFELLI	
•		Name of Person	
		SUNPORT LC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
•		5253 CENTER ST	
·		Address	,
•	•	JUPITER, FL 33458	
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
	ATRU	FELLI@BELLSOUTH.NET	1
•	E-mail address:	(to be used for future annual report notifica	tion)
For further information	concerning this matter, please	call:	
ART	HUR TRUFELLI	at ( 561 ) 30	09 0510
	of Person	Area Code & Daytime T	
			•
Enclosed is a check for	the following amount:		<u>i</u>
\$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)
			1
MAILING ADDRESS: Registration Section Division of Corporations		STREET/COURIER Registration Section	ADDRESS:
		Division of Corporati	ons .
	Box 6327	Clifton Building	e
Tallah	nassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. SUNPO		,	
(Name of the Limited Liability Comps (A Florida Limited)	ny as it now appear Liability Company)	s on our records.	<del></del>
The Articles of Organization for this Limited Liability Company	y were filed on	3/2/2000	and assigned
Florida document numberL0000002427			
		: :	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<b>e:</b>	eja viete
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	SUNPORT L	0	
(Principal office address MUST BE A STREET ADDRESS)	5253 CENTE	R STREET	
	JUPITER, FL	33458	
		•	
Enter new mailing address, if applicable:	SUNPORT LO		
(Mailing address MAY BE A POST OFFICE BOX)	<b>5253 CENTE</b>	R STREET	
	JUPITER, FL	33458	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent: EUGENE F	ffice address on o	1	he name of the new
New Registered Office Address: 27 PENNO	CK LANE #205		SE #
New Registered Office Audiess.		er Florida street add	
	JUPITER	Florida &	33458
· .	City	, Florida	Zip Gode
New Registered Agent's Signature, if changing Registered Agent:	•	, , , , , , , , , , , , , , , , , , ,	
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	plete performance provided for in the address I Hereby	of my duties and I a apper 60%, F.S. Or,	m familiar with and if this document is iited liability
	ukhuk-mekisteketi videt	u, <u>dienmuite di New Ke</u> e	INCULI ARCIL

Page 1 of 2

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> .	Address	Type of Action
MGR	ARTHUR W. TRUFELLI	5253 CENTER STREET JUPITER, FL 33458	Add Remove
MGRM_	EUGENE F. FRANCAVILL	27 PENNOCK LANE #205 JUPITER, FL 33458	Add Remove
MGR	GARNETT WILLIAMS	8491 SE BRISTOL WAY JUPITER, FL 33458	
MGR_	TRUVILLA CORP	5253 CENTER STREET JUPITER, FL 33458	Add Remove
<u>MGRM</u>	JOHN MARK DAVID	13160 BRIDGEWOOD DRIVE PALM BEACH GARDENS, FL 33414	Add B☑ Remove
MGR	JOHN MARK DAVID	13160 BRIDGEWOOD DR PALM BEACH GARDENS, FL 3341	
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessar)	v.)
. · <u>-</u>			•
Dated		010	
	7/	r or authorized representative of a member NE F. FRANCAVILLA	
4		or printed name of signee	<del></del>

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Filing Fee: \$25.00