10a000 33091

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(Address)	—
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(Document Number)	_
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OR OCT 17 PN 4: 31
SECRETARY OF STATE
ALLAHASSEF FI ORIGI

D. BRUCE

OCT 17 2008

EXAMILER

COVER LETTER

TO: Registration of	on Section Corporations
SUBJECT: <u>S</u>	(Name of Limited Liability Company)
The enclosed Article	es of Amendment and fee(s) are submitted for filing.
Please return all corr	respondence concerning this matter to the following:
	KATHY LEIBOLD (Name of Person)
	Sunsouth FLORIDA FINANCIA GROUP LCC (Firm/Company)
	300 NUALKESHA ST
	BOWIFAY FL 32425 (City/State and Zip Code) REF 8 7
For further informati	on concerning this matter, please call:
KATHY LE	arme of Person) at (850) 547-7513
Enclosed is a check t	for the following amount:
□ \$25.00 Filing Fee	Solution Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Solution 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2008

KATHY LEIBOLD PO BOX 65 300 N WAUKESHA ST BONIFAY, FL 32425

SUBJECT: SUNSOUTH FLORIDA FINANCIAL GROUP, LLC

Ref. Number: L02000033091

OB OCT 17 PM 4: 31
SECRETARY OF STATE
TALL AHASSEE ELOSION

We have received your document for SUNSOUTH FLORIDA FINANCIAL GROUP, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 408A00053360

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunsay Francis Fully	
(Name of the Limited Liability Company as it now app	Dears on our records.)
(A Florida Limited Liability Compar	iy)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L02000 3309 \(\frac{1}{2}\).	12/10/200 2 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
, <u></u>	ata saa .
The new name must be distinguishable and end with the words "Limited Liability Co"L.L.C."	mpany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	08 SECO
(Principal office address MUST BE A STREET ADDRESS)	NAT CO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	ILED 17 PH 4:31 RY OF STATE SEE, FLORIDA
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	(F. Fl.: L. a. H. a.)
	(Enter Florida street address)

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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 = I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
<u>CEO</u>	Cuy MEDLEY	300 DWAUKESHA BOD.FAY. FZ 32425	Add Remove
Cev	JAN SHABURN	SAMe	Add Remove
	•	· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend		ge(s) here: (Attach additional sheets, if necessary.)) ——
	,		
Dated	10-16, 200 Hall to hi	<u>08</u> . 01)	
	Signature of a member	r or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00