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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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Special Instructions to Filing Officer:							
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ALLANASSEE STATE

COVER LETTER

TO: Registration Division of C						
SUBJECT:	Florida	Florida Sunset LLC				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
	Gabriele Hasenkamp					
		Name of Person				
		Florida Sunset Llc				
		Firm/Company				
	1	10487 Princess Court Address				
	2010 AUG 13 SECRE PARY					
	CONTRACTOR OF THE STATE OF THE	Punta Gorda Fl 33955 City/State and Zip Code				
	F-mail address:	Hase747@aol.com E-mail address: (to be used for future annual report notification)				
For further informatio	n concerning this matter, please of		STATE LORIDA			
Gat	oriele Hasenkamp		5-2895			
Name of Person		Area Code & Daytime To	elephone Number			
Enclosed is a check for	or 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		STREET/COURIER Registration Section	ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

•	Flo	rida Sunse	LLC	<u> </u>	<u> </u>		
(Ne	nme of the Limited Liabil (A Florid	lity Company as la Limited Liabilit	it now appears y Company)	on our records	<u>.</u>)		
The Articles of Organization	Company were	filed on	02/06/200	4	and assig	ned	
Florida document number	L04000010346	 -				•	
This amendment is submitted	to amend the following:	:					
A. If amending name, enter	the new name of the li	mited liability o	ompany here	:			
The new name must be distingu	ishable and end with the v	words "Limited Li	ability Compar	y," the designat	ion "LLC"	or the abl	 previation
Enter new principal offices	address, if applicable:				رے مثلاً راج مثلاً	20	
(Principal office address MU		DRESS)				0.4	Energy
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Enter new mailing address,	if applicable:	. ,			77 T	` <u>⊒</u> ਵ	m
(Mailing address MAY BE A	POST OFFICE BOX)			<u> </u>	0	· · · · · ·	
		,			i izir	22	
B. If amending the regist			ddress on o	ur records, <u>en</u>	ter the r	name of	the new
registered agent and/or the	new registered office a	<u>ddress here</u> :					
Name of New Regis	stered Agent:				<u> </u>		
New Registered Off	fice Address:		Ent	er Florida stree	ot address		
		, Florida				ip Code	
New Registered Agent's Signs	ature, if changing Registo	•	,			*	

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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>Address</u> **Type of Action** <u>Title</u> Name **MGRM** Hasenkamp, Juergen 10487 Princess Court ✓ Add
☐ Remove Punta Gorda FL33955 ☐ Add Remove ☐ Add ☐ Remove Remôve Add 5 Remove Add Nemiove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 08/11 2010 Dated_ Signature of a member or authorized representative of a member Gabriele Hasenkamp Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00