210001/0004

Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000228691 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514

Phone : (727)442-1200

Fax Number

: (727) 443-5829

Enter the email address for this businoss entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUN BLOOM INVESTMENTS, LLC Certificate of Status 0 Certified Copy 01 Page Count Estimated Charge \$25.00

S Warren

Help SEP 15 2016

Electronic Filing Menu

Corporate Filing Monu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUN BLOOM INVESTMENTS, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on 1/10/	2005 and assigned	!
Florida document number L05000004311			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here	;	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	(ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
registered agent and/or the new registered office add Name of New Registered Agent:	ress here:		
New Registered Office Address:			
	Enter Florida	street address	
	0.	, Florida Zlp Code	
New Registered Agent's Signature, If changing Registere	City	Σφ Çode	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c	and agree to act in this cap		
accept the obligations of my position as registered a being filed to merely reflect a change in the registere	gent as provided for in Cha	apter 605, F.S. Or, if this document confirm that the limited liability	
company has been notified in writing of this change.		No. 200	
	If Changing Registered Agent	t, Signature of Now Registered Agent	,
	_		
	Page 1 of 3)

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGRM	CHINTAN DESAI	9827 Meadow Field Cir.	
_		Tampa, FL 33626	■ Remove
			☐ Change
MOR	CDMD MANAGEMENT, L.L.C.	1245 Cowt Street	
		Suite 102	Remove
		Clearwater, FL 33756	Change
			☐ Remove
		Change	
			D Add
			□ Remove
			☐ Change
			☐ Remove
		······	Change
			Add
			OF A Remove
			Change

					heets, if neces		
					·	<u> </u>	
					,		·
 -					·		
							_ _
							
•			<u>-</u>				
							
							 -
				<u>.</u>		-	
Offective da	ate, if other than the date is listed, the dute m date inserted in this l	ne date of filling	g:	date of Illing or more th	(option	nal) Hing.) Pursua	nt to 605 .0 2 07
Note: If the locument's	date inserted in this in effective date on the	block does not a Department of	meet the applicabl State's records.	e statutory filing req	uirements, this	date will no	t he listed as
e record : The 90th	specifies a delayed the re	ed effective ecord is filed	date, but not a	an effective time	, at 12:01 a.	m. on th e	earlier of
SEPT	TEMBER 14	111-	2016				
					آر سَمِ	21.15	and a
		Signature of a	member or authoriz	ed representative of a	nomber	19	
_					Ó		1
_ .A	lan S. Gassman	I, AS AUTHOI	RIZED REPRESE	NTATIVE		R <u> </u>	-m
 	ALAN S. GASSMAN	I, AS AUTHOI	RIZED REPRESE			A II: 21	0

Filing Fee: \$25.00