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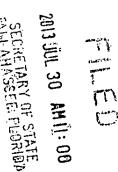
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## **COVER LETTER**

División of Corporations
SUBJECT: Central Sun's Properties LC Document #  Name of Limited Scientifity Company Lo 50000 288
20 50000 288
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mary Catok Name of Person
Central Suns Properties LLC
5910 Bayor Grande BEUNE
ST Potenshing Fl 33703
E-mail address to be used for fur re annual report notification)
For further information concerning this matter, please call:
Many Catok  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number
VEnclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee & Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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

CENTRAL SUN'S PROPERTIES		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability	·	
Florida document number L05000028841	<del></del> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation
"L.L.C."		· SES
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		30 38 38 38 38
		CTOP A
Enter new mailing address, if applicable:		res ÷ ×
(Mailing address MAY BE A POST OFFICE BOX)		6A 00
internal same cas in 11 25 11 1 001 012 100 2011		
B. If amending the registered agent and/or regis	istered office address on our records, <u>en</u>	ter the name of the new
registered agent and/or the new registered office ad-	<u>dress here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
nogistive Office (Marcis).	Enter Florida stree	t address
	. Florid	a
	City , Florid	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 = Manager MGRM = Managing Member <u>Address</u> **Type of Action** Name **Title** PO BOX 56335 MARY CATOK **MGRM** ST. PETERSBURG, FL 33732 Temove Remove

D. If amending any other information, enter change(s) here: (Attach additional	al sheets, if necessary.)
<del></del>	
IIII 25 2012 — - 1	·
Dated JUL 25, 2013	
( Beet thille	
Signature of a member or authorized representative of DAVID S. WARMAN, MGRM AND REGISTER	
Typed or printed name of signee	
Page 3 of 3	
Filing Fee: \$25.00	
Normy	Notary Public State of Florida Tracy Adkins My Commission EE153491 Expires 12/15/2015
James de la company de la comp	FILED 2013 JUL 30 AM (): 00 SECRETARY OF STATE ALLAHASSEE, FLORIDA
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