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EUNETANY OF STATE
ALLAHASSES ELGRID

EXAMINER
JAN 11 2011

COVER LETTER

TQ:	Registration Sect Division of Corpo							
SUBJE) ECT:	SUNBIZ	REALTY, LLC					
		Name of Limi	ted Liability Company					
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.					
Please	return all correspond	lence concerning this matter	to the following:					
			MARK SANDULLI					
			Name of Person					
		S	UNBIZ REALTY, LLC					
	•		Firm/Company					
	1530 SE 14TH STREET							
			Address					
	DEERFIELD BEACH FL 33441							
			City/State and Zip Code					
		MS F mail address: (6	ANDULLI@AOL.COM to be used for future annual report notification	ication)				
D 6		·	•	ication)				
For fur	ther information con	cerning this matter, please c	all:					
	MARK	SANDULLI	at (954)	839-7406				
	Name of I	Person		e Telephone Number				
Enclose	ed is a check for the	following amount:						
₹ 25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Sectificate of Status & Certificate 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

ARTICLES OF OR	RGANIZATIO	ON	· ·
OF	ı		
• 3		1	FAL ED 1 JAN 10 PM 3: 47
SUNBIZ REA	ATY LLC	SE	CRETARY OF STATE LARGOSE, FLORIDA
(Name of the Limited Liability Compan (A Florida Limited Li	as it now appears	on our records.	LANDSOFTSTATE
(A Florida Limited Li	ibility Company)		C. FLOHIDA
The Articles of Organization for this Limited Liability Company v	vere filed on	06/06/2005	and assigned
Florida document numberL05000055718		·	<u> </u>
Torida document mumber			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here	:	
The new name must be distinguishable and end with the words "Limite L.L.C."	d Liability Compan	y," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		**************************************	
Municipal de la Propi Office BOA			
			
3. If amending the registered agent and/or registered offi	re address on ou	ir records enter t	he name of the new
egistered agent and/or the new registered office address here:		n records, <u>enter t</u>	ne name of the new
Name of New Registered Agent:			
Tame of from Registered Agent.			
New Registered Office Address:			
	Ente	r Florida street add	ress

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

Florida

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:

	Name	<u>Address</u>	Type of Action
<u>IGRM</u>	FARINATO, JANET M	12854 MARCELLA BLVD LOXAHATCHEE FL 33470 US	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			Add Remove
			Add
			Remove
. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
). If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
eated	JANUARY 06	ange(s) here: (Attach additional sheets, if necessary.) 2011 Sada Ma	

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Filing Fee: \$25.00