12/4/2014

## Florida Department of State

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## **COVER LETTER**

	gistration Sectivision of Corpo				
eup iner.	SUN GOL	D LLC			
Name of Limited Liability Company					
The enclose	d Articles of Ar	nendment and fee(s) are subi	mitted for filing.		
Please return	n all correspond	lence concerning this matter	to the following:		
		JEROME S. LEVIN			
			Name of Person		
		LEVIN LAW LC			
			Firm/Compliny		
	1444 1st Street, Suite A				
			Address		
		Sarasota, FL 34236			
			City/State and Zip Code		
		E-mail uddress: (I	to be used for future annual report notific	ation)	
For further i	nformation con	coming this matter, please ca	all:	·	
Jerome S	S. Levin		941 953.5300		
	Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	following amount:			
\$25,00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Capy (additional copy is enclosed)	☐ \$60,00 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

(FAX)19418704163 € D

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## ARTICLES OF AMENDMENT 2014 DEC -4 AM 10: 10 ARTICLES OF ORGANIZATION ALL AHASSEE, FLORIDA **OF**

SUN GULU LLU						
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company were filed on October 12, 2005 and assigned Florida document number L05000100909						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited lia	bility company here:					
The new name must be distinguishable and end with the words "Limited Lie	bility Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	1444 First Street, Suite A					
(Principal office address MUST BE A STREET ADDRESS)	Sarasota, FL 34236					
Enter new mailing address, if applicable:	1444 First Street, Suite A					
(Mailing uddress MAY BE A POST OFFICE BOX)	Sarasota, FL 34236					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new					
Name of New Registered Agent: Jerome S.	Levin					
New Registered Office Address: 1444 First Street, Suite A						
•	Enter Florida street address					
Sarasota,	Florida 34236					
New Registered Agent's Signature, if changing Registered Agen						
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change	s provided for in Chapter, 605, F.S. Or, if this document is					

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If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

If amending the Managers or Authorized Member on our records	, enter the title, name, and address of each Manager or
Authorized Member being added or removed from our records:	H14000279654 3

AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action MGR Yaron Devald 8215 Blaikie Ct., Unit 15 □ Add Sarasota, Fl 34240 \_\_ Remove MGR Abraham Goldberg 1444 First Street, Suite A \_\_\_\_ 🖬 Add Sarasota, FL 34236 □ Add \_\_\_\_ Remove \_\_\_\_\_ 🗀 Remove \_\_ Add \_□ Remove \_ 🗆 Add \_□ Remove

E. Effective date, if other than the date of filing:

(Optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

December 2

Signature of a member or authorized representative of a member

Jerome S. Levin, authorized representative

Typed or printed name of signee

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Filing Fee: \$25.00