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(Requestor's Name)				
 (A	ddress)			
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(C	ity/State/Zip/Phone #)			
PICK-UP				
(B	usiness Entity Name)			
(Document Number)				
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FILED 08 JAN 28 AM 11: 44 SECRETARY OF STATE

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COVER LETTER

TO: **Registration Section Division of Corporations**

SUGARBROOK INVESTMEN SUBJECT: (Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYDIA BLOTTA (Name of Person) SUGARBROOK INVESTMEN (Firm/Company) 12809 HONEYBROOK DR. (Address) ON, FL. 34669 (City/State and Zip Code)

For further information concerning this matter, please call:

at (<u>727)</u> <u>808-1315</u> (Area Code & Daytime Telephone Number) (Name of Person)

Enclosed is a check for 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)

JAN 28 AMII

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

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ARTICLES OF A TC ARTICLES OF O OI) RGANIZATION			
(Name of the Limited Liability Compan (A Florida Limited Li				
The Articles of Organization for this Limited Liability Company were filed on $\frac{9/1/06}{106}$ and assigned Florida document number $\frac{L0600086898}{100086898}$				
Florida document number $\underline{LOOOOOOOOO}$				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" of the abbreviation			
B. If amending the registered agent and/or registered office address on our records, enter the name the flew registered agent and/or the new registered office address here:				
Name of New Registered Agent:	DIA BLOTTA			
New Registered Office Address: ¥ 1280	<u> HONEYBROOK</u> DK. (Enter Florida street address)			
Hu	<u>(Equer Fiorida sireel address)</u> <u>SOV</u> , Florida <u>34669</u> (Citv) (Zin 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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action	
	Same		Add Remove	
	Same		Add Remove	
	Same	·	Add	
			DR JAH 28 AH II: 44	
			Add Remove	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PLEASE NOTE CHANGE OF MAILING				
<u></u>	ADDRESS TO THAT			
	AGIENT.			
Dated	Jan. 24 . 200 Lydea M.	<u>8</u> Bloth		
Signature of a member or authorized representative of a member ADIA M. BLOTTA. Typed or printed name of signee				
Page 2 of 2				

Filing Fee: \$25.00