

L07000014306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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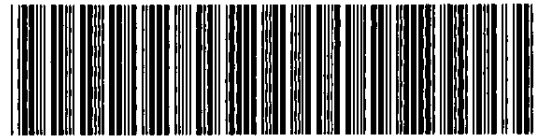
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MAY 10 2012

**EXAMINER**



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RECEIVED  
DIVISION OF CORPORATIONS  
12 MAY - 7 AM 8:23

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SUNFLOWER INVESTMENT GROUP LLC**  
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:

MONIRUL ALAM MIAH  
Name of Person  
SUNFLOWER INVESTMENT GROUP LLC  
Firm/Company  
900 N MILLS AVENUE  
Address  
ORLANDO FL 32803  
City/State and Zip Code  
mnrkhu@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIRUL ALAM MIAH at ( 407 ) 895-0558  
Name of Person 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 Copy (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

**12 MAY -7 AM 8:23**  
 RECEIVED  
 REGISTRATION SECTION  
 DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

RECEIVED  
DIVISION OF CORPORATIONS  
12 MAY -7 AM 08:23

SUNFLOWER INVESTMENT GROUP LLC

(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 02/06/2007 and assigned Florida document number L07000014306.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*City*

*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:

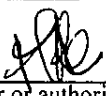
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	✓ MOHINDDIN MINA	318 SPRINGS COLONY CIR APT 104 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	✓ JAHANGIR A MIAH	272 S WYMORE RD - APT 101 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGR	KAZI SATTAR	500 KEY HAVEN DR SANFORD FL 32771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGR	SHAH A MIAH	265 SPRINGS COLONY CIR APT 251 ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
✓ MGR	SHAHIDUL A MIAH	548 E WARREN AVE LONGWOOD FL 32750	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	✓ MD BODIUZZAMAN	210 HANGING MOSS CIR LAKE MARY FL 32746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ADDITIONAL SHEET IS ATTACHED

Dated MAY 03, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

MONIRUL ALAM MIAH

\_\_\_\_\_  
Typed or printed name of signee

TITLE  
MGR

NAME  
MONIRUL ALAM MIAH

ADDRESS  
900 N MILLS AVE  
ORLANDO FL 32803 US

TYPE OF ACTION  
ADD