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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE
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OCT 2 2 2008

EXAMMER



October 10, 2008

BRIAN BONBEI 405 S. DALE MABRY HWY, #352 TAMPA, FL 33609

SUBJECT: SUNCHOICE CORPORATE PROPERTIES, LLC

Ref. Number: L07000015127

We have received your document for SUNCHOICE CORPORATE PROPERTIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 308A00053387

COVER LETTER

Division of Corporations
SUBJECT: Surchaice Corporate Properties UC (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:
Brian Bombei (Name of Person)
Sun. Corp. prop. (Firm/Company)
4055. Dave MABRY Huy, #352
TAMA, FC 33609 (City/State and Zip Code)
For further information concerning this matter, please call:
Brian Bomby: (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: Action You Already have \$25 \$50 \$700.
Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certif

MAILING ADDRESS:

TO:

Registration Section

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

<u>Sunchoice</u>	60100	rate	Prop	ertie	<u>s, LC</u> C	-
(<u>Name of the Limited Lia</u> (A Flo	bility Compan orida Limited Li	<u>y as it now ap</u> ability Compa	pears on du ny)	r records.)		
The Articles of Organization for this Limited Liabi Florida document number	lity Company	were filed on	2-	7-07	Zigg OCT 2	gned
This amendment is submitted to amend the followi	ng:				RY OF S	Andrew .
A. If amending name, enter the new name of th	e limited liabi	lity company	here:		ORT T	
The new name must be distinguishable and end with the "L.L.C."	e words "Limit	ed Liability Co	ompany," the	designation	"LLC" or the al	breviation
Enter new principal offices address, if applicabl	e:	405	۶.	DALE	MABRY	Hwy
(Principal office address MUST BE A STREET A	(DDRESS)	#352			. <u></u>	<u>,</u>
		TAM	PA	FC 3	3609	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				DALE	MAGNY	Hwy
		TAM	PA F	<u>~ 336</u>	09	
B. If amending the registered agent and/or registered agent and/or the new registered office			on our rec	ords, <u>enter</u>	the name of	f the new
Name of New Registered Agent:						
New Registered Office Address:	405	S <u> </u>	ALC (Enter Flo	MR3(prida street d	J address)	wy #352
	TAMPA			. Florida	. 3360	9
-	···	(City)		,	(Zip Code	2)

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 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 Type of Action Title . Address Name Mara Brian Bombi 405 ☐ Add Remove Add 🗂 Remove Remove 🗂 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) PALe MABRY 33609 Dated _ 10 - 20 Signature of a member or authorized representative of a member Scian Gonbine

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00