

207000077262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

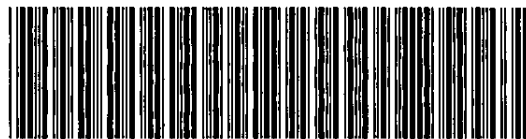
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT 25 PM 12:54
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**TO: Registration Section
Division of Corporations**

SUBJECT: SUN OPPORTUNITY, LLC

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

Barbara A. Gaeta

SUN OPPORTUNITY, LLC

5220 Hood Road, Suite 100

Palm Beach Gardens, FL 33418

bgaeta@fgcre.com

For further information concerning this matter, please call:

Barbara Gaeta

at (561) 627-1500

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**

13 OCT 25 PM 1954

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>
MGRM	NEIL J. GAETA IRREVOCABLE TRUST	5220 HOOD ROAD, STE 100	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Remove
MGRM	CREDIT SHELTER TRUST OF NEIL J. GAETA DECLARATION OF TRUST	5220 HOOD ROAD, STE 100	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated OCTOBER 22, 2013



Signature of a member or authorized representative of a member

BARBARA A. GAETA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA