

**L070000092448**

(Requestor's Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 OCT -2 AM 9:47

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CS. 10-3

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: SUNRISE SUNCO ENERGY, L.L.C.

DOCUMENT NUMBER: L07000092448

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE THOMAS, C.P.A.

(Name of Contact Person)

THOMAS & COMPANY, C.P.A., P.A.

(Firm/ Company)

9710 STIRLING ROAD, SUITE # 101

(Address)

COOPER CITY, FLORIDA 33024

(City/ State and Zip Code)

For further information concerning this matter, please call:

JOSE THOMAS, C.P.A.

(Name of Contact Person)

at ( 954 ) 435 - 7272

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2008

JOSE THOMAS, C.P.A.  
9710 STIRLING RD., STE. 101  
COOPER CITY, FL 33024

SUBJECT: SUNRISE SUNCO ENERGY, L.L.C.  
Ref. Number: W08000044150

We have received your document for SUNRISE SUNCO ENERGY, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(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) 245-6047. .

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 808A00051257

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SUNRISE SUNCO ENERGY, L.L.C.  
(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:

JOSE THOMAS, C.P.A.  
(Name of Person)

THOMAS & COMPANY, C.P.A., P.A.  
(Firm/Company)

9710 STIRLING ROAD, SUITE #101  
(Address)

COOPER CITY, FLORIDA 33024  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE THOMAS at (954) 435-7272  
(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)

\$35 Fee already paid

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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2000 OCT -2 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUNRISE SUNCO ENERGY L.L.C.

(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 \_\_\_\_\_ and assigned  
Florida document number 107000092448

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

(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>
<u>MGR</u>	<u>VARGHESE MATHEW</u>	<u>9759 SAVONA WINDS DRIVE</u>	<input type="checkbox"/> Add
		<u>DEL RAY BEACH, FL 33446</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated

09/29/08

[Signature]

Signature of a member or authorized representative of a member

SRINIVASAN KUPPUSWAMY

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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