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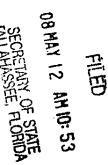
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COVER LETTER

	egistration Se ivision of Cor				
SUBJECT	ີ:	Sunerai (Name of Lin	sm, LLC nited Liability Company)		
The enclos	ed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please retu	rn all correspo	ndence concerning this matter	r to the following:		
		Nickdis	A. Landgraff (Name of Person)		
			(Firm/Company)	·	
		428	Victoria Hills (Address)	Drive	0
		Dela	(Address) nd, FL 32724 (City/State and Zip Code)		DB MAY 12 AM B: 53 SECRETARY OF STATE RELLANGE FLOAD FALLANDERS OF STATE
		oncerning this matter, please	call:		A DE STA
	lickolis (Name o	Landgraff of Person)	at (561) 352-50 (Area Code & Daytime	Telephone Number)	- Su
Enclosed i	s a check for th	ne 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 S Certified Copy (additional copy	tatus &

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

Su	ineraism, LLC		
(Name of the Limited L	iability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on <u>9</u>	24/2007	_ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the Generation Y Mar		:	08
The new name must be distinguishable and end with "L.L.C." B. If amending the registered agent and/or	the words Limited Liability Compan		112
registered agent and/or the new registered offic	ce address here:		D: 53
Name of New Registered Agent:		***	
New Registered Office Address:	(Ent	er Florida street addre	ss)
	·	. 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>tle</u>	<u>Name</u>	Address	Type of Action
<u> , </u>			Add Remove
	 , ,		Add Remove
			Add Add Remote
			Remove STATE
			Add
			Remove
			Remove
If amen	ding any other information, enter ch	nange(s) here: (Attach additional sheets, if	necessary.)
********			<u> </u>
_		,	 .
	5/9/08		
ted	<i>A</i> /		
ted	Signatury of a mei	mber or authorized representative of a member	11-11-11-11-11-11-11-11-11-11-11-11-11-

Page 2 of 2

Filing Fee: \$25.00