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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

COVER LETTER

TO: Registration Secti Division of Corpo	ion Prations			
SUBJECT: SUNTE	CH PROPERTY MANAGEMENT SERVICES, LLC Name of Limited Liability Company			
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.			
Please return all correspond	lence concerning this matter to the following:			
	Alfonso A. Paris JR Name of Person			
SUNTECH PROPERTY MANAGEMENT SERVICES, LLC				
	Firm/Company			
	5781 Lee Blvd, 208-240			
5781 Lee Blvd, 208-240 Address Lehigh Acres, FI 33971				
Lehigh Acres, FI 33971				
	City/State and Zip Code alparis@embarqmail.com			
	alparis@embarqmail.com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
	o A. Paris JR at (239) 207-6398			
Name of Po	erson Area Code & Daytime Telephone Number			
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

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

SUNTECH PROPERTY MANAGEMENT SERVICES, 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 Florida document numberL08000010087	were filed on01/28/2008	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	5781 Lee Blvd, 208-240	4 (~ii)	
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acres, FI 33971	ACCT AND OCT	
		SS 72 FM	
Enter new mailing address, if applicable:	5781 Lee Blvd, 208-240		
(Mailing address MAY BE A POST OFFICE BOX)	Lehigh Acres, FI 33971	5 E	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
	, Florida , Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	i	•	
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I further	agree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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 Title -Address **Type of Action** <u>Name</u> MGR Juliana DaCosta 10491 Six Mile Cypress Pkwy STE 200 ☐ Add Fort Myers, Fl 33913 ✓ Remove MGR Alfonso A. Paris JR 5781 Lee Blvd, 208-240 **✓** Add Remove Lehigh Acres FL33971 ☐ Remove Remove Remove SEA Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Mary E Paris
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00