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(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
AUG 18 2011				



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EXAMINER

LAW OFFICES

SERBER & ASSOCIATES, P.A.

TURNBERRY PLAZA, SUITE 801 2875 NORTHEAST 191^{NT} STREET AVENTURA, FLORIDA 33180 TELEPHONE (305) 932-6262 TELECOPY (305) 933-9393

August 4, 2011

Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, Florida 32301

> Re: Fullsun LLC., a Florida Limited Liability Company d/b/a Seven D Amendment of Articles of Organization

Dear Sir/Madam:

Enclosed please find Fullsun, LLC.'s Amendment of Articles of Organization, Also, find enclosed a check in the amount of \$30.00 representing filling fee and certificate of status.

Please have this Articles of Amendment filed and provide undersigned with all appropriate documentation. If you have any questions or comments, please do no hesitate to contact me.

Very truly yours,

Constanza Aleksander

COVER LETTER

Division of C	Corporations				
SUBJECT:	FU	LLSUN LLC			
	Name of Lin	nited Liability Company			
The enclosed Articles	of Amendment and fee(s) are s	ubmitted for filing.			
Please return all corre	spondence concerning this matt	er to the following:			
,		Constanza Aleksander			
		Name of Person	- 2		
	S	erber & Associates, P.A.	ZOLI AUG II SECRETAF TALLAHAS		
		Firm/Company			
	2875 NE 191 Street, Suite 801				
		Address	- KOPS		
		Address Aventura, Florida 33180			
		City/State and Zip Code			
	E-mail address:	(to be used for future annual report notification)			
For further information	n concerning this matter, please	call:			
	stanza Aleksander	at (305) 932-6262			
Nam	e of Person	Area Code & Daytime Telephone	Number		
Foolood's advis	a cu				
	r the following amount:				
\$25.00 Filing Fee	✓ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)		
Regi Divi P.O.	ILING ADDRESS: stration Section sion of Corporations Box 6327 shassee, FL 32314	STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	ESS:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	FULLSU	JN LLC	on our manages			
(<u>Name of the Limited</u> (A	Florida Limited I	Liability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document number L08000100		were filed on	10/24/2008	and assigned		
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	J	ility company here:		2011 AUG SECKET	-n	
The new name must be distinguishable and and wit	h the words "I imi	itad Liability Company	the designation "	-1.7	11:00	
The new name must be distinguishable and end wit "L.L.C."	n the words Link	ned Liability Company	, the designation i	TTE DITTILE BATTEVIE	artbu	
Enter new principal offices address, if applic	able:	4700 Sheridan	Street Suite J	The second		
(Principal office address MUST BE A STREE	TADDRESS)	Hollywood, FL	33021	STATE OR	_	
				DE -	_	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4700 Sheridan Hollywood, FL				
B. If amending the registered agent and/or the new registered of	er registered of Nice address her	Tice address on ou	r records, <u>enter (</u>	the name of the	new	
Name of New Registered Agent:	Serber & As	sociates, P.A. Da	aniel J. Serber,	Esq.		
New Registered Office Address:	New Registered Office Address: 2875 NE 191 Street, Suite 801					
	Enter Florida street address					
		Aventura	Florida	33180		
	-	City		Zip Code		
Nicol Designation of August 18 to 18 mg						

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>	Name	Address	Type of Action
MGRM	ESTEVANEZ, SEBASTIAN	14350 NW 56 CT UNIT 123 MIAMI, FLORIDA 33054	Add ✓ Remove
<u>MGRM</u>	ESTEVANEZ, DIEGO R	14350 NW 56 CT UNIT 123 MIAMI, ELORIDA 33054	Add Remove
MGRM	ESTEVANEZ, SOL N	14350 NW 56 CT UNIT 123 MIAMI, FLORIDA 33054	☐ Add ☑ Remove
MGRM	ESTEVANEZ, ENRIQUE J	14350 NW 56 CT UNIT 123 MIAMI, FLORIDA 33054	Add Remove
MGRM	Damian Pablo Bonari	4700 Sheridan Street Suite J Hollywood, FL 33021	ALL Remove
MGRM	Pablo Fernando Malson	4700 Sheridan Street Suite J Hollywood, FL 33021	ARY ON AND SEEE, FLORIDO
D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessa	(m) Pm 45
Ī	MGRM Hernan Vilaplana 4700 S	Sheridan Street Suite J , Hollywood,	
<u>F</u>	FL 33021 . Add this person as MGRI	М.	 _
-			
_			
Dated		·	
	Celetien Etere	- 	
	Signature of a member 5 EBBS HAN E	or authorized representative of a member	
	JE15/25 FIDNE Typed	or printed name of signee	