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- (R	equestor's Name)		
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SECRETARY OF STATE
TALLAHASSEE FIGURE

D. BRUCE

MAY 13 2009

EXAMINER

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: SUN IN	VESTMENTS OF V	VESTON LLC	
•		ited Liability Company)	
	Amendment and fee(s) are sub	-	
•	J	Ç	
	DENES SZACKCS-BOD	OR	
		(Name of Person)	
	SUN INVESTMENTS OF	WESTON LLC	
		(Firm/Company)	
	1039 LAGUNA SPRINGS	S DR	
		(Address)	
	WESTON FL 33326		09 H
		(City/State and Zip Code)	AY AY HAS
For further information of	concerning this matter, please c	all:	AY 12 PH 12: RETARY OF STA HASSEE, FLOR
DENES SZACKCS-BO		at (954) 319-2286	
(Name	of Person)	(Area Code & Daytime T	elephone Number
Enclosed is a check for the	he 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 5, 2009

DENES SZACKCS-BODOR 1039 LAGUNA SPRINGS DR WESTON, FL 33326

SUBJECT: SUN INVESTMENTS OF WESTON LLC

Ref. Number: L08000101016

09 MAY 12 PM 12: 31
SECRETARY OF STATE
TAIL AHASSEF FI ORIDA

We have received your document for SUN INVESTMENTS OF WESTON LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 609A00015197

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DENES SZACKCS-BODOR			
(Name of the Limite	<mark>d Liability Company as it now ap</mark> A Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited	_ and assigned		
Florida document number L08000101016	•		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name	of the limited liability company	here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		9
		<u> </u>	3 77
Enter new mailing address, if applicable:		SSEE.	12/12
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
	·	ORATE	<u>≈ 0</u>
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the	name of the new
Name of New Registered Agent:	DENES SZACKCS-BODOR	<u> </u>	
New Registered Office Address:			
		(Enter Florida street addre	ss)
	(C:-)	, Florida	(7:- C-d-)
	(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 = Mai MGRM = M	nager Ianaging Member		
<u> Fitle</u>	Name	Address	Type of Action
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			Remove
			Add Remove
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. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necession	ary.)
			ECCRETA:
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Dated			
		er or authorized representative of a member	
	ENPLOVE Typed	CAM d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00