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(City/State/Zip/Phone #)		
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(Document Number)	1	
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OCT 20 2010

EXAMINER

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010--006 **25.00

COVER LETTER

Division of Corporations
SUBJECT: Sunburst Property Rontals LLC 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:
Surburst Property Rontals CCC Firm/Company Address Venice FL 3428 City/State and Zip Code Joelenchauser & Yuhoo. Corritor Brail address: (to be used for future annual report mytification) For further information accounts this matter along cells.
For further information concerning this matter, please call:
Name of Person at (941) 650.3243 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & }\ \text{Certificate of Status} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(additional copy is enclosed)} \text{Certified Copy }\ \text{(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

(Name of the Limited Liability Compa (A Florida Limited L	o perty Renta ny vis it now appears on our records Liability Company)	1s uc
The Articles of Organization for this Limited Liability Company Florida document number <u>L</u> 08 060 10 7 6 26	were filed on 2/24/10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Sun burst Real Estate (The new name must be distinguishable and end with the words "Limi"L.L.C."	group. LLC	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	439 S. Tamiami	Trail #302
(Principal office address MUST BE A STREET ADDRESS)	Vanice FL s	420 E
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Jane as abov	19 PH 4: 02 ARY OF STATE ASSEE FLORIDA
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	
	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 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 = Ma MGRM = N	nager Vanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Add Remove
			D Damaua
			Domous
			Add emove
			Add Sgr. Madd
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets	i, if necessity :
_			
Dated	8/5/10	 	
		loe lene Houser Typed or printed name of signee	ber

Page 2 of 2

Filing Fee: \$25.00