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TALLAHASSEE, FLORID

T. CLINE FEB 24 2009 EXAMINER

COVER LETTER

Registration Section 'Division of Corporations

TO:

SUBJECT: SUN CONST POSTY and CONTINE LUC (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:
David Taylor (Name of Person)
Sun Coast Rosfing and Controlly LLC (Firm/Company)
Suncoast Rosfins and Controthy LLC (Firm/Company) 1532 Landolates Blud Steff (Address)
LU12 FL 33549 (City/State and Zip Code)
For further information concerning this matter, please call:
Pavid Taylor at (8B) 39/-3448 Eg (Area Code & Daytime Telephone Number)> 70 F
PRIMATE AND A SECOND PRIMATE A
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$ \$\text{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 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sincoust Rosfing and Contracts LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) Florida document number 108 000 117337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 32 Land o Lakes BIVd Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Bruce Rubin Name of New Registered Agent: 1532 Lond o Lates BIVS Ste H

(Enter Florida street address)

LUT2, Florida FL 33549

(City) (Zip Code) New Registered Office Address:

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 1 <u>Address</u> **Type of Action** MGR Kothy McMurray 200/Brisson td Vnit 308 Lutz FL 33558 MFR Brue Rubin 1532 Lund o Lakes ☐ Add Remove Remove Ädd Remove very must □ Add Remove ┌ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if nedessary.) 18/09 Dated McMurray
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00