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(Re	equestor's Name)			
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### LAW OFFICES OF DAVID S. COHEN, LC

5728 Major Boulevard

Suite 550

Orlando, FL 32819 Tel: 407 354-3420

Fax: 407 354-3840

August 1, 2014

Department of State
Division of Corporations
Clifton Bldg.
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Articles of Amendment to Articles of Organization

for Sun Title Agency, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment for Sun Title Agency, LLC and this firm's check in the amount of \$25.00 to cover the filing fee, and a completed designation of new registered agent section. Upon receipt of this package, please file the said documents immediately with the Secretary of State. Once filed please fax confirmation to (407) 354-3840 and return a receipt of filing to this office.

If you have any questions or need further information, please do not hesitate to contact our office at the above number. Thank you for your assistance with this matter.

Very truly yours,

Marcia H. Hodson

Legal Assistant

**Enclosures** 

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT

SUN TITLE AGENCY, 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:

STEVEN B. SARKIN

Name of Person

SUN TITLE AGENCY, LLC

Firm/Company

34 S.E. OSCEOLA STREET

Address

STUART, FLORIDA 34994

City/State and Zip Code

... Os subjetos es es

steve@sarkinlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven B. Sarkin

Name of Person

\_at (<u>772</u>).

486-322

Daytime Telephone Number

Enclosed is a check for the 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

		AGENCY, LLC			
( <u>Name of the Limite</u> (	d Liability Compa A Florida Limited	ny as it now appears of Liability Company)	our records.		
The Articles of Organization for this Limited Lia Florida document number   10900020347	ability Company	were filed on Marc	ch 2, 2009 and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
	-				
The new name must be distinguishable and end with the w	ords "Limited Liab	oility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applica	ble:				
Principal office address MUST BE A STREET	(ADDRESS)				
			>0		
Enter new mailing address, if applicable:		34 S.E. OSCE	OLA STREET		
(Mailing address MAY BE A POST OFFICE BOX)		STUART, FLO	RIDA 34994 44 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		
B. If amending the registered agent and/oregistered agent and/or the new registered off			r records, enter the name of the		
Name of New Registered Agent:	STEVEN B	. SARKIN			
New Registered Office Address:	34 S.E. OSCEOLA STREET				
· <del>· · · ·</del>		Enter Florida	street address		
	STUART		, Florida <u>34994</u>		
		City	Zip Code		

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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby chfirm 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name | **Address** Type of Action 10 RIVERVIEW DRIVE **MGR** CHARLES E. GEARY □ Add **STUART, FL 34996** Remove JAREC LLC 10 RIVERVIEW DRIVE MGR ☐ Add STUART, FL 34996 Remove **MGR** STEVEN B. SARKIN 34 S.E. OSCEOLA ST. STUART, FL 34994 ☐ Remove ☐ Remove ÷ □ Add ☐ Remove □ Add ☐ Remove

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(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State)	(optional) days after
Dated AUGUST 1 , 2014	
Q = = = = = = = = = = = = = = = = = = =	
Signature of a member or authorized representative of a member	
STEVEN B. SARKIN	

Page 3 of 3

Filing Fee: \$25.00