(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #)
ζ	<b>,</b>	<b>,</b>
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Kyei	n Sun, LLC		
		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Ala	n F. Gonzalez, Esquire		
		Name of Person		
	Walters Levin	e Klingensmith & Thomison,	P.A	
		Firm/Company		
	601 Bayshore Blvd., Suite 720			
		Address	——————————————————————————————————————	
	T	ampa, Florida 33606	LAH.	
City/State and Zip Code		OV - I	f	
•	agonz	zalez@walterslevine.com to be used for future annual report notifical		
For further information	concerning this matter, please of		2010 NOV - 1 PM 12: 4.8 SECRUTARY OF STATE ALLAHASSEE: FLORIDA	
Alan F.	Gonzalez, Esquire	at \	54-7474	
Name	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	d)
	LING ADDRESS: tration Section	STREET/COURIER Registration Section	t ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

K	yen Sun, LLC					
( <u>Name of the Limited Liabili</u> (A Florida	ly Company as it now appea	rs on our records.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
(A Florida	Limited Liability Company)		<b>E</b> S =			
The Articles of Organization for this Limited Liability	Company were filed on	March 9, 2009	SEE and a med			
Florida document numberL09000022851			<b>F</b> I			
	<del></del> •		ξητ'' """			
			FG 7			
This amendment is submitted to amend the following:			PH R: 48			
A. If amending name, enter the new name of the lin	nited liability company he	re:	72 <b>5</b>			
The interioring matter, effect the new matter of the in-	mired habitity company no	<u></u> ,				
The new name must be distinguishable and end with the w			I I C'2 on the abbreviation			
"L.L.C."	ords Limited Liability Comp	any, the designation	LLC of the aboreviation			
	COA Davida	- Divid Ovika 700	•			
Enter new principal offices address, if applicable:		e Blvd., Suite 720	)			
(Principal office address MUST BE A STREET ADD	<u>RESS)</u> Tampa, Flor	da 33606				
Enter new mailing address, if applicable:	601 Bayshor	e Blvd., Suite 720	)			
(Mailing address MAY BE A POST OFFICE BOX)		Tampa, Florida 33606				
IMURING MANUESS MANUES MANUES TO THE BOAY	,					
•						
D. If any all and the market and any and any all any	saturad office address on	our resords anton	the name of the new			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter	the name of the new			
registered agent anti-of-site new registered bittee au						
N. CN. B. C. LA						
Name of New Registered Agent:						
New Registered Office Address: 601	New Registered Office Address: 601 Bayshore Blvd., Suite 720					
	Enter Florida street address					
	Tampa	, Florida	33606			
	City		Zip Code			
New Registered Agent's Signature, if changing Register	ed 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:

	= Manager 1 = Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
<u> </u>			ZOLD Add Recove
			SSEE Add Fi Remove
D. If a		e(s) here: (Attach additional sheets, if necessary	
	New Address for Managing Member,	, Alan F. Gonzalez:	<del> </del>
	601 Bayshore Blvd., Suite 720 Tampa, Florida 33606		<del></del>
	May 28, 20	010 . 7	
Dated_	Chi	7/2	
		r or authorized representative of a member Gonzalez, Esquire	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00