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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUL 27 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUN INVESTMENT SERVICES, 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:

VINCE VELLARDITA, PRESIDENT

Name of Person

VALCOM, INC.

Firm/Company

2113A GULF BLVD.

Address

INDIAN ROCKS BEACH, FL 33785

City/State and Zip Code

✓ VINCE@VALCOM.TV

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

For further information concerning this matter, please call:

VINCE VELLARDITA, PRESIDENT

Name of Person

at (727)

953-9778

Area Code & 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
OF**

SUN INVESTMENT SERVICES, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 13, 2009 and assigned
Florida document number L09000024992.

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09 JUL 24 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

2113A GULF BLVD.

(Principal office address MUST BE A STREET ADDRESS)

INDIAN ROCKS BEACH, FL 33785

Enter new mailing address, if applicable:

2113A GULF BLVD.

(Mailing address MAY BE A POST OFFICE BOX)

INDIAN ROCKS BEACH, FL 33785

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:

Name of New Registered Agent:

VALCOM, INC.

New Registered Office Address:

2113A GULF BLVD

Enter Florida street address

INDIAN ROCKS BEACH

Florida

33785

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.

X
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

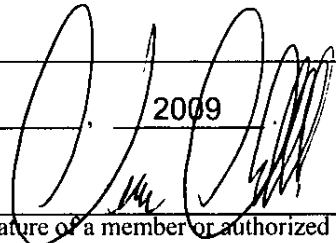
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	COMSOURCE CONSULTING	8825 WENDY LANE S. WEST PALM BEACH, FL 33411 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BRIDGEPORT ENTERPRISES	111 16TH ST. BELLEAIR BEACH, FL 33785 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	VALCOM, INC.	2113A GULF BLVD INDIAN ROCKS BEACH, FL 33785 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FLORIDA OPPORTUNITIES	4248 TOWN CENTER BLVD SUITE #3 ORLANDO, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 09 JUL 2009
 AM 11:55
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JULY 20, 2009

x



Signature of a member or authorized representative of a member

VINCE VELLARDITA, PRESIDENT

Typed or printed name of signee