Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 617-6383

Account Name : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : 120010000146

Phone : (407) 679~6171

Fax Number

: (407)679-8810

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

1835 BRYAN AVENUE, LLC

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T. CLINE

SEP 24 2009

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO:	Registration S Division of Co					
SUBJI						
JOB.						
The en	closed Articles of	Amendment and fee(s) are su	brnitted for filing.			
Please	return all corresp	ondence concerning this matter	to the following:			
	LORI ANN LINN Name of Person					
	OCIATION					
						
3300 University Blvd., Suite 218						
Address						
Winter Park, Florida 32792				22	2009 SEP 23 SECRETARY FAILL ANASS	
City/State and Zip Code				, <u> </u>		
loril@fullsail.com						
For fu	ther information	E-mail address: (concerning this matter, please	to be used for future annual repo call:	rt notification)	TOP ST	
	1.	ori Ann Linn	at (407)	571-3908		
		of Person	Area Code &	Daytime Telephone Number	>	
Frales	ad is a chack for t	he following amount:				
	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en		of Status &	
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	Registration Division of Cliften Build	Corporations ding ive Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1835 BRYAN A	VENUE, LLO							
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appear ability Company)	's on our records.)						
The Articles of Organization for this Limited Liability Company were filed onMay 15, 2009 and assigned Florida document numberL09000047594								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited liabil	ity company her	e :						
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Compa	ny," the designation "	LLC" or the	abbreviation				
Enter new principal offices address, if applicable:				<u> </u>				
(Principal office address MUST BE A STREET ADDRESS)				TO GENERAL				
			SSIE	<u>ယ်</u> ် —— ကျ				
Futou way mailing address if amiliable.			-m 60					
Enter new mailing address, if applicable:	·	1-1 (11)	2000					
(Mailing address MAY BE A POST OFFICE BOX)				<u></u>				
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent: New Registered Office Address:				of the new				
	Enter Florida street address							
	, Florida							
New Registered Agent's Signature, if changing Registered Agent:	City		Zip Coo	le				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	te performance (ovided for in Ch	of my duties, and I apter 608, F.S. Or.	am familia if this doc	r with and -				

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> Address MGRM Edward E. Haddock, Jr. 3300 University Blvd., Suite 218 Winter Park, Florida 32792 _____ Remove SunGate Florida, LLC MGR 215 E. Livingston Street √ Ramove Orlando Florida 32802 ☐ Add Remove **₽**Řċmov**ω** D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 23 2009 Dated_ Signature of a member or authorized representative of a member EDWARD E. HADDOCK, JR. Typed or printed name of signee

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Filing Fee: \$25.00