L09000050304

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T. CLINE

FEB 1 6 2010

EXAMINER

COVER LETTER

TO:	Registration Division of C						
SURII	Sur	n Coast Companies	, LLC and Sun Coast Brokerage				
Name of Limited Liability Company							
The en	closed Articles	of Amendment and fee(s) are	submitted for filing.				
Please	return all corres	spondence concerning this ma	tter to the following:				
			Name of Person				
Sun Coast Companies, LLC and Sun Coast Brokerage							
Firm/Company							
1204 Londonderry Circle							
Address							
Ormond Beach, FL 32174							
			City/State and Zip Code	-			
			japaintner@comcast.net	70E			
For fu	ther information	n concerning this matter, pleas	s: (to be used for future annual report notification) se call:				
		Judy Paintner	at (386) 677-0001				
		c of Person	at (386) 677-0001 Area Code & Daytime Telephone Number				
				761361373 31415 40 54 0 48			
Enclos	ed is a check for	r the following amount:		· .			
V2 \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status TO NEW MAILING	\$55.00 Filing Fee & \$60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certifie (additional copy is enclosed)	ate of Status &			
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 Coast Com	<u>panies, LLC</u>	and Sun Coa	ast Brokerage	
(Name of the Limited (A	Liability Compa	any as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Li Florida document numberL09000050	ability Company		2-2-10 05/22/2009 (-	2 and assigned
This amendment is submitted to amend the followard. A. If amending name, enter the new name of	_	hility company herr	۵۰	
A. If amending name, enter the new name of	the innited hai	Billy company ner	Ľ •	
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	nited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applica	able:	Same	2	
(Principal office address MUST BE A STREE	T ADDRESS)			
		Ormon	& Beach	re
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	11942 A Portan	UE Stan	100 5t.
B. If amending the registered agent and/or the new registered of	or registered o fice address he	ffice address on o	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	ner			
New Registered Office Address:	onderry Circle			
	er Florida street addi	ress		
	Or	mond Beach	, Florida	32174
		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.

Page 1 of 2

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 **Address Type of Action Title** <u>Name</u> MGR Judy Weber 1204 Londonderry Circle ☐ Add ✓ Remove Ormond Beach, FL 32174 MGR **Judy Paintner** 1204 Londonderry Circle ✓ Add Ormond Beach, FL 32174 Remove ☐ Add Remove ☐ Add Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated sture of a member or authorized representative of a member Judy Weber Paintner Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00