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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

D. BRUCE

JUN 26 2009

EXAMINER

COVER LETTER

| ŤO: | | ation Se n of Cor | ction porations | | | | | |
|--|-----------------------------------|----------------------|--|---------------------------------|---|------------------------------|-------------------|---|
| CHRIC | ·r· | Sl | JNSTATE PROPER | RTIES OF | PENSACO | LA LL | 2 | |
| SUDJE | Name of Limited Liability Company | | | | | | | |
| | • | | | | • | | | |
| The end | closed Ar | ticles of | Amendment and fee(s) are sul | bmitted for file | ing. | | | |
| Please 1 | return all | correspo | ndence concerning this matter | r to the follow | ing: | | | |
| | Robert Justice Name of Person | | | | | | | |
| | | | | Name o | i reison | | | |
| SUNSTATE PROPERTIES OF PENSACOLA LLC | | | | | | | | |
| | Firm/Company | | | | | | | |
| | | | 1032 Aquamarine Dr. | | | | WILL SEC 60 | |
| Address | | | | | CRE | | | |
| | Gulf Breeze, Ft. 32563 | | | | | JUN 25 CRETARY AHASSEE | | |
| | City/State and Zip Code | | | | | | E P | |
| bjustice@mchsi.com E-mail address: (to be used for future annual report notification) | | | | | | H I | | |
| For fur | ther infor | mation c | oncerning this matter, please o | • | • | ŕ | | PH 1:59 OF STATE E. FLORIDA |
| | | | bert Justice | at (| | 572-3 | | - Official State of the State of State |
| | | Name of | f Person | | Area Code & Day | time Tel e pl | hone Number | |
| Enclose | ed is a che | eck for th | e following amount: | | | | | |
| \$25 | .00 Filing | ; Fee | \$30.00 Filing Fee & Certificate of Status | Certif | Filing Fee & ied Copy ional copy is enclo | - | Certified | e of Status & |
| MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL | ction porations Center Ci | | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSTATE PROPERTIES OF PENSACOLA LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) 5/27/2009 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L09000051408 Florida document number 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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> | Name | Address | Type of Action |
|--------------|---------------------------------|--|----------------------------------|
| MGR . | G.O.P. God's o Partner INVES | 4525 Bayside Blvd ur Milton Fl 32583 TMENTS, | Add Remove |
| | | INC. | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
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| | | | AddRemove |
| D. If amei | nding any other information | , enter change(s) here: (Attach additional s | sheets, if necessary.) |
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| Dated | June 22 | <u>, 2009</u> . | 25 PM J: ARY OF STA SSEE. FLOR |
| | X offe Signatu | re of a member or authorized representative of a | a member |
| | | Typed or printed name of signee | |

Page 2 of 2

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