



THE LAW OFFICE OF
PRESTON H. OUGHTON
Attorney & Counselor at Law

June 21, 2012

Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: ARTICLES OF AMENDMENT FOR NAME CHANGE

To Whom It May Concern:

Please find enclosed Articles of Amendment to Articles of Organization for a name change and a check for the filing fee.

Should you have any questions, please give me a call at (904) 854-6336.

Sincerely,

Brenda S. Bagley

Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNDAY AND PAM ERO L.L.C.
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:

Dr. Sunday U. Ero

Name of Person

Firm/Company

8105 Seven Mile Drive

Address

Ponte Vedra Beach, FL 32082

City/State and Zip Code

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

For further information concerning this matter, please call:

Pam Ero

Name of Person

at (**904**)

273-2748
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**

SUNDAY AND PAM ERO L.L.C.

FILED

12 JUN 25 PM 3: 21

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

(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/15/2009 and assigned Florida document number L09000089088.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

1431 Riverplace, LLC

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

_____, Florida _____

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.

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>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
 12 JUN 25 PM 3: 21
 STATE
 OF FLORIDA
 TALLAHASSEE

Dated June 19th, 2012.

Pamela F. Ero
Signature of a member or authorized representative of a member
Pam Ero
Typed or printed name of signee