L09000108578

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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C. LEWIS
DEC_7 2009
EXAMINER

COVER LETTER

Division of Co	rporations			
SUBJECT:	Sentinel Ca	pital Partners, LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Richard A. Burt, II		
		Name of Person		
	Burt & Burt, P.L.			
		Firm/Company		
	11 N. Summerlin Avenue, Suite 210			
		Address		
		Orlando, FL 32801		
		City/State and Zip Code		
	E mail address: (1	rick@burt-burt.com to be used for future annual report notifica	tion)	
For further information of	concerning this matter, please c		11011)	
	tichard Burt	at (407) 42 Area Code & Daytime T	20-6828	
Name o	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	he 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:

TO:

Registration Section

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

FILED

2009 DEC -4 PM 12: 42

Sentine (<u>Name of the Limited Liabili</u> (A Florida	Capital Partners, LL	C SECR	ETARY OF STATE	
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appea a Limited Liability Company)	rs on our records	HIVOTE	
The Articles of Organization for this Limited Liability Florida document numberL09000108578	Company were filed on	11/10/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	<u> </u>			
(Principal office address MUST BE A STREET ADL	<u>ORESS)</u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
			13.	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter th	ne name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	0.,	, Florida	7:- C-1-	
	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 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>Address</u> **Type of Action Title** Name **MGRM** Sentinel Development Servi 647 South Coast Highway ☐ Add Remove Laguna Beach, CA 92651 Remove Add 🔲 Remove ___ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 3 Signature of a member or authorized representative of a member Richard A. Burt

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00