## L1000013628

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
L1-13428					
(Document Number)					
Certified Copies Certificates of Status					
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10 MAR 12 AM 10: 49

SEVER ARY OF STATE

N. C. MAR 12 2010



March 5, 2010

KAPADIA NILKANTHI 2018 S. CHICKASAW TRAIL ORLANDO, FL 32825

SUBJECT: SUN 2 LLC

Ref. Number: L10000013628

We have received your document for SUN 2 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 210A00005475

Neysa Culligan Regulatory Specialist II

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			
SUBJE	ECT:	SUN A Name of Limit	LC. ed Liability Company	<del></del>
The end	closed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		1tites6	Shah . Name of Person	
		<del> </del>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		<u> </u>	N 816 Steet Sait	T
			City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notificati	on)
For fur	ther information con	cerning this matter, please ca	all:	·
	hilesh Name of F	8hah Person	at (407) 264 964 Area Code & Daytime Te	4 elephone Number
Enclose	ed is a check for the	following amount:	or allached.	
<b>□</b> \$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)
		10 A PP P P P P P P P P P P P P P P P P P		

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

FILED 10 MAR 12 AM 10: 49

34H 2 L	Le.	SECRETARY OF TALLAHASSEE	F STATE FLORIDA				
Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)							
The Articles of Organization for this Limited Liabilit	y Company were filed on	<u> </u>	and assigned				
Florida document number <u>L 1600601362</u>	8						
This amendment is submitted to amend the following	<b>;</b> :						
A. If amending name, enter the new name of the	limited liability company	here:					
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation				
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET AL	DDRESS)						
	·		<del>, , , , , , , , , , , , , , , , , , , </del>				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX							
			<del></del>				
B. If amending the registered agent and/or re registered agent and/or the new registered office a		on our records, <u>enter the</u>	e name of the new				
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
	City	, Florida	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 = N MGRM =	Manager = Managing Member					10 -	00	looi bi	c)
<u>Title</u>	<u>Name</u>	We	need	w d	ghange Address	llu	rmiddle	יל קייל דיין	Type of Action
MGRM	INLKAN	TH 1	KBPI	401. - -	A 201 Oylen	8 S	Chicksh EL 3282	iw [via]	Add  Remove
M <u>GRM</u>	HILKANTH	1 K	<u>IPAD</u> IA	. #	2018 S Briando	. Chức FL	kshaw (c 32825	rial	□ Add □ Remove
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D. If amo	ending any other inforn	nation, e	nter chan	nge(s)	here: (Attack	h additio	nal sheets, if ne	cessary.)	
								TALLAHASSEE, FL	FILED 10 Mar 12 am 10: 49
Dated	08,10 %010		······································					ORID <b>A</b> :	14TE
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Page 2 of 2

Filing Fee: \$25.00