

L10000030872

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(Business Entity Name)

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11 MAR -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W. BRYAN

MAR -2 2011

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: THESUNWAY LLC
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:

CHAD WILCOX

Name of Person

THESUNWAY LLC

Firm/Company

3118 TWISTED OAK LOOP

Address

KISSIMMEE, FL 34744

City/State and Zip Code

CHDWILCOX5@GMAIL.COM

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

For further information concerning this matter, please call:

WILCOX CHAD

Name of Person

at (407)

3199136

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

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11 MAR - 1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 16, 2011

CHAD WILCOX
THESUNWAY LLC
3118 TWISTED OAK LOOP
KISSIMMEE, FL 34744

SUBJECT: THESUNWAY LLC
Ref. Number: L10000030872

FILED
11 MAR -1 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THESUNWAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 111A00003977

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THESUNWAY LLC

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

FILED
11 MAR - 1 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/19/10 and assigned
Florida document number L10000030872.

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)

3118 TWISTED OAK LOOP
34744 FL KISSIMEE
USA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3118 TWISTED OAK LOOP
34744 FL KISSIMEE
USA

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

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 Changing Registered Agent, Signature of New Registered Agent

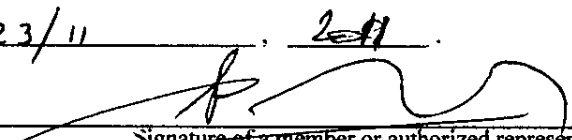
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GUISET CHRISTIAN	1403 ELLEN LANE APOKA, FL 32712 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MIRKO POPOVICH	7252 KREAMER DR BOKEELIA, FL 33922 USA	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	CHRISTINA THOMASON	3118, TWISTED OAK LOOP 34744, FL KISSIMEE	<input checked="" 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.)

Dated 02/23/11, 2011


 Signature of a member or authorized representative of a member
CHRISTIAN GUISET
 Typed or printed name of signee

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11 MAR - 1 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA