## Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GIBBONS, COHN, NEUMAN, BELLO & SEGALL & ALLEN, P.A.

Account Number : 12000000178

Phone Fax Number : (813)877-9222 : (813)877-9290

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DLAMB @gibblaw. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAM'S SUNSET, LLC

₹:

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Corporate Filing Menu

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To:

From:

Subject: SAM'S SUNSET LLC -L10000084878 - ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Message:

Priscilla Lamb, Assistant to Gary A. Gibbons, Esquire Gibbons, Neuman, Bello, Segall, Allen & Halloran, P.A. 3321 Henderson Boulevard Tampa, FL 33609

Tel: 813 877-9222 Fax: 813 877-9290 plamb@gibblaw.com

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Circular 230 Notice: In accordance with Treasury Regulations which became applicable to all tax practitioners as of June 20, 2005, please note that any tax advice given herein (and in any attachments) is not intended or written to be used, and cannot be used by any taxpayer, for the purpose of (i) avoiding tax penalties or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein



Company Name Address Tel: Fax: Email: Website:

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From: 813-877-9290

To: 18506176383

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Date: 11/15/2011 8:46:37 AM

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## **COVER LETTER**

TO:	Registration Division of C				
SUBJECT: SAM'S			SUNSET, LLC		
	-		nited Liability Company		
The en	closed Articles o	of Amendment and fac(s) are si	abmitted for filing.		
Please	return all correst	nondence concerning this matte	er to the following:		
			ary A. Gibbons, Esquire		
			Name of Person		
		Gibbons, Neuma	n, Beilo, Segail, Allen & Hal	lloran, P.A.	
			Firm/Company	,	
	3321 Henderson Blvd.				
		**************************************	Addruss	<del></del>	
		-	Tampa, Florida 33609		
			City/State and Zip Code		
			jibbons@gibblaw.com		
or fudi	her information	E-mail address:     concerning this matter, please	to be used for future annual report notificall:	ication)	
	0-		040	077 0000	
<del></del>		ry A. Gibbons of Person	at ( 813 ) Area Code & Daytime	877-9222 Telephone Number	
		•	•	·	
nelose	d is a check for t	he following amount:			
	00 Filing Fca	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)	
	•				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURII Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n stions nter Circle	

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To: 18506176383

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S	AM'S SUNSET, LLC	
. (Nume of the Limited Li (A F)	ability Company as it now appears lorida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liab orida document numberL1000006463	ollity Company were filed on	June 16, 2010 and assigned
his amendment is submitted to amend the following	ring:	,
. If amending name, enter the new name of th	he limited liability company here	•
he new name must be distinguishable and end with the	the words "Limited Liability Company	y," the designation "LLC" or the abbreviation
nter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET		
•		
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BO  If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent:	registered office address on ou	r records, enter the name of the new
New Registered Office Address:	Ente	r Florida street address
		, Florida
•	City	Zip Code
ew Registered Agent's Signature, if changing Reg	istered Agenti	
hereby accept the appointment as registered a e provisions of all statutes relative to the prop ecept the obligations of my position as register ving filed to merely reflect a change in the reg ompany has been notified in writing of this cha	per and complete performance of red agent as provided for in Cha gistered office address, I hereby o ange,	f my duties, and I am familiar with and pter 608, F.S. Or, if this document is confirm that the limited liability
		Signature of New Registered Agent
	Page 1 of 2	Signature of New Registered Agent

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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>Titic</u>	<u>Name</u>	Address	Type of Action
MGR	Sam M. Gibbons	3501 Bayshore Blvd. Tampa, Florida 33629	Add Remove
MGR	Timothy M. Glbbons	P.O. Box 10763 Tampa, Florida 33679	✓ Add ☐ Remove
MGR	Clifford S. Gibbons	1536 Poplar Place McLean Virginia 22101	_☑ Add _□ Remove -
<del></del>			Add Remove
			Add Remove
<del></del>	•		∏Add Remove
D. If amending	any other information, enter change(s)	here: (Attach additional sheets, if necessary)	
Dated	November 14 2011  Signature of a member or a	nuthorized representative of a member	
	Sam M. Gibbons, by Time	othy M. Gibbons, Attorney-in-Fact	
		age 2 of 2	HASS

Filing Fee: \$25.00

CHARGE FINDING

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