L10000094639

(Red	uestor's Name)	
(Add	Iress) .	
(Add	lress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	ne)
(Doc	cument Number)	
Certified Coples	Certificates	of Status
Special Instructions to F	Filing Officer:	

Office Use Only



300185839523

10/21/10--01002--006 **25.00

B. KOHR OCT 2 1 2010

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SUNNY PARADISE	GETAWAY				The state of the s
MARKETING, LLC					(
				Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File	
				Fictitious Name File Trade/Service Mark Merger File	
			<u>✓</u> —	Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement	
			<u> </u>	Cert. Copy Photo Copy Certificate of Good Standing	
				Certificate of Status Certificate of Fictitious Name Corp Record Search	 -
				Officer Search	
Signature				Fictitious Owner Search Vehicle Search Driving Record	
Requested by: SETH Name	10/20/10 Date	Time		UCC 1 or 3 File UCC 11 Search UCC 11 Retrieval	
Walk-In	Will Pick Up			Courier	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNNY PARADISE GETAWAY MARKETING, LLC
(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 Liability Company Florida document number L10000094639	were filed on _	September 9, 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company i	<u>nere</u> :	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Con	npany," the designation "LLC	" or the abbreviation
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)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address o	n our records, cuter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	5
	City , Florida, Zip Code		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp	ee to act in this lete performan	s capacity. I further agree ce of my duties, and I am j	to comply with familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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 = N	Janaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	MAHENDRA SOLAY	3501 W. VINE ST. STE 310 KISSIMMEE EL 34741	
			Add Remove
			
			Add Remove
			(~~\n
D. If amend	ling any other information, o	enter change(s) here: (Attach additional sheets, if ne	ecessary.)
			
Dated	October 20th	. 2010	
		Ch Sa	
	Signature	of a member or authorized representative of a member ROSHAN SOLAY	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00