## U0060117474

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	<del>e</del> #)
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SECRETARY OF STATE

AUG - 2 2013

## **COVER LETTER**

TO:

**Registration Section** 

Division of C	Corporations					
SUBJECT:	Suntru	st Realty, LLC				
		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corres	spondence concerning this matter	to the following:				
		Chad Brinks				
	Name of Person					
		N/A				
	20	2032 Sunset Meadow Dr.				
		Address	2013 AUG -1 SECRE FAR' FAEL AHASS	ne ye.		
	Cle	Clearwater, Florida 33763				
		City/State and Zip Code				
	E-mail address: (	cbrinks@gmail.com to be used for future annual report notificat	ion)	į		
For further information	n concerning this matter, please of	eall:	GF STATE F, FL ORIDA			
	Chad Brinks	at \	60-0848			
Nam	e of Person	Area Code & Daytime T	elephone Number			
Enclosed is a check fo	r 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		STREET/COURIER Registration Section Division of Corporati				
P.O.	Box 6327 ahassee, FL 32314	Clifton Building 2661 Executive Center Circle				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Suntrust	Realty, LLC		<del></del>
(Name of the Limited (A	Liability Com Florida Limite	i <b>pany as it now appe</b> a ed Liability Company)	rs on our records.	
The Articles of Organization for this Limited Li	11/10/2010	and assigned		
Florida document numberL10000117	<u>7474                                  </u>			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited l	iability company he	<u>re</u> :	
		te 100, LLC		C" of the abbreviation
The new name must be distinguishable and end wit "L.L.C."	h the words "L	imited Liability Comp	any," the designation "L	C" of the abbreviation
Enter new principal offices address, if applications	able:	<u>N/A</u>	G.	造一
(Principal office address MUST BE A STREE	T ADDRESS	<u> </u>		7 3
			· · · · · · · · · · · · · · · · · · ·	:
				<b>5</b> 元 <b>6</b>
Enter new mailing address, if applicable:		N/A	<del></del>	
(Mailing address MAY BE A POST OFFICE)	BOX)	·		
B. If amending the registered agent and/or the new registered of			our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:	N/A			
New Registered Office Address:				
		Er	nter Florida street add	ress
		City		Zin 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title Name **Type of Action Address** N/A ☐ Add ☐ Remove Remove ☐ Add ☐ Remove ≝dd ∏Āād Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A July 29 2013 Dated \_\_\_ Signature of a member or authorized representative of a member Chad Brinks Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00