

111000013225

MICHELLE BLADES
(Requestor's Name)
2409 11. Koosevelt Bluel (Address)
(Address)
They west Il 3:3040 (City/State/Zip/Phone #)
/ (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
SCA LIGHT PROPERTIES, LLC (Business Entity Name)
(coemess that, name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Please Resubmit The
with a new name,
thank you,
African

Office Use Only



800193314228

02/03/11--01013--096 **25.00

ZOIL MAR 14 AM 10: 09

J. SAULSBERRY EXAMINER

MAR 15 2011

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SEA LIGHT PROPERTIES LCC 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:	FILE 2011 MAR 14 A SCURFIARY OF TALLAHASSEE
MICHELLE BLADES Name of Person SON SOURCE Realtry, LO	AM ID: 09
Firm/Company	
-2409 N. ROOSEVECT BUD # 3	3
City/State and Zip Code E-mail address: (to be used for future annual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	A A. Com
Michelle Blades at (36) 394-4750 Name of Person Area Code & Daytime Telephone Number	AM 10: 09
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

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

Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v	were filed on $\frac{2-0/-20/1}{}$ and assigned
Florida document number <u>2//0000/3275</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ity company here: SUN SOURCE REALTY.LL
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	701 ZO
	CRETAR)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	LORE DE L
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			
			☐ Add
			Remove
		, , , , , , , , , , , , , , , , , , , ,	
			Add Remove
			Remove
			,
			Add Remove
			∏Add
			Domosio
			AddRemove
If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
			ZOIL MAR IL
			SSE T
			
<u></u>			FS AM DO: 0
		<u>5</u>	09
nted 🔰	whaymey 5, 20	0//	
		· ·	
	15/60	r or authorized representative of a member	
		•	
	MICHEUE BLAL Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00