#L11000047107

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(Address)				
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(City/State/Zip/Phone #)				
(Business Entity Name)				
(Document Number)				
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09/06/13--01012--003 **25.00

FILED 13 SEP -6 PH 3: 00 SECTEDARY OF STATE SECTEDARY OF STATE

K. SALY EXAMINER

SEP 1 0 2013

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: 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:



For further information concerning this matter, please call:

 \mathcal{H} Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



□\$30.00 Filing Fee & Certificate of Status 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

ARTICLES OF AMENDMENT
ARTICLES OF ORGANIZATION
OF FILED
ARTICLES OF ORGANIZATION OF 13 SEP -6 PM 3: 00 Mame of the Limited Liability Company as it not appears on our records, MLAHASSEE, FLORIDA (A Florida Limited Liability Company) The Articles of Operation for this Limited Liability Company
The Articles of Organization for this Limited Liability Company were filed on <u><u>420</u> <u>201</u> and assigned Florida document number <u>L100047107</u></u>
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 "Lin	nited Liability Company," the designation "LLC" or the abbreviation
"LLC." * NOT ANEW Address, just	Correcting what appears on Sundiz. org for address.
Enter new principal offices address, if applicable:	Sunviziona for address.
(Principal office address MUST BE A STREET ADDRESS)	
	131 Royal PAIM Dr.
	Ft. Laudhodale, FL 33301
Enter new mailing address, if applicable:	
(Mailing addre ss MA Y BE A POST OFFICE BOX)	,

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida street address
		, Florida
	City	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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
HGR HE.	GARRY GARDINI	131 Payal Pulm Dr.	Add
		FT. Laudredale, FL38	
MGR	Lauren Pechacel	131 Royal PumDr. Fr. Lauderdale, FL 3330	Add Remove
			Add Remove
			_ Add
			_ Add
			_ Add



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Filing Fee: \$25.00