Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : BAKER & MCKENZIE

Account Number : 074222002135 Phone : (305)789-8900 Fax Number : (305)789-8953

Our client # : 50253838.000001

\*\*Enter the email address for this business entity to be used for !uture annual report mailings. Enter only one email address please.\*\*

Email Address: cecilia.reategui@bakermckenzie.com

ME CEIVED Aug 17 Am 10: 21 Cretary of State Lahassee, florida

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNGROUND INVESTMENTS LLC

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G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu AUG 1 8 2011

**EXAMINER** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u> </u>	;			
SUNGROUND IN			<del></del>			
(Name of the Limited Liability Com (A Florida Limite	pany as it now abbear d Liability Company)	rs on our records.)				
The Articles of Organization for this Limited Liability Compa	ny were filed on	July 06, 2011	and assigned			
Florida document numberL11000077496						
This amendment is submitted to amend the following:	ability Company as it now abbears on our records.)  orda Limited Liability Company)  lility Company were filed on					
A. If amending name, enter the new name of the limited lin	ability combany hor	ត្ន:				
	, , ; • ;					
The new name must be distinguishable and and with the words "Li "L.L.C."	mited Liability Compa	ny," the designation "	LL(" or the abbreviation			
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)	ويونوري الأك فالمستاددة مست	ANNT - STATE OF THE STATE OF TH				
• •						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)		-				
	<del></del>	1 - 1 - 1				
B. If amending the registered agent and/or registered of	office address on o	ur records, enter	the name of the new			
rozistered agent and/or the now registered office address be	<u>re</u> :	<u> </u>				
Name of New Registered Agent:			<del></del>			
New Registered Office Address:						
	Enter Florida street address					
		. Florida				
****	City	;	Zip Code			
New Registered Agent's Signature, If changing Registered Agent	<u>tı</u>					
•		'.				

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

Page 1 of 2

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	BUR				
			r authorized representative of a		<del></del>
	Beatriz P	erez, Manage	r and Authorized Repril	sentative	