## L110000088871

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SEP 13 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co					
SUBJECT:	Surebrook Pr	operty Investors Li	_C		
	Name of Lim	Name of Limited Liability Company			
The enclosed Articles o	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	pondence concerning this matte	r to the following:			
.Sean Shapiro or Carl Hays					
Name of Person					
Surebrook Property Investors LLC					
13364 Beach Blvd Unit 529					
	<u> </u>	Address			
	J	acksonville, FL 32224	k		
City/State and Zip Code					24,
Carl@surebrookinvest.com E-mail address: (to be used for future annual report notification)				Ru S	
For further information	concerning this matter, please	·	or nomedicity	H SEP	
	Carl Hays	at ( 904 )	200-0261	SSE 12	
Nume	of Person	Area Code &	Daytime Telephone Number	AN STA	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified	e 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

Surebrook Proper	ty Investors L	LC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	<u>ny as it now appear</u> Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Company were filed on8.			1 and assigned		
Florida document numberL11000088871					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :			
Surebroo					
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:	13364 Beach Blvd Unit 529				
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville F	FL 32224			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered of	fice address on o	our records, ente	rithe name of the new		
registered agent and/or the new registered office address her		ui records, <u>ence</u>	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
<u> </u>		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title Name Address Type of Action

MGRM Sean Shapiro 13364 Beach Blvd Unit 529 Add Remove

Add Remove

Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member of authorized representative of a member

Carl Hays
Typed or printed name of signee

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Filing Fee: \$25.00