

#L1100093486

07/203 02:38 FAX 3333835

NICK SPRADLIN

00001/0003

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000082784 3)))



H120000827843ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : THE LAW OFFICES OF NICK SPRADLIN
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

FILED
12 MAR 29 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

12 MAR 29 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNOR FLORIDA LLC

Certificate of Status	0
Certified Copy	0
Page Count	3
Estimated Charge	\$25.00

K. SALLY
EXAMINER
MAR 30 2012

Electronic Filing Menu

Corporate Filing Menu

Help

H120000827843

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
12 MAR 29 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUNOR FLORIDA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/15/2011 and assigned
Florida document number L11000093486

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

NORMAND C. GAGNON

New Registered Office Address:

13643 DEERING BAY DR. PH 166

Enter Florida street address

CORAL GABLES

Florida

33158

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

H120000827843

H120000827843

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:

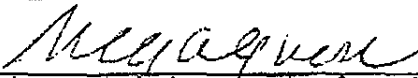
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NORMAND C CAGNON	13643 DEERING BAY DR. PH 166 CORAL GABLES FL 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	FRANCOIS CAGNON	13643 DEERING BAY DR. PH 166 CORAL GABLES FL 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	DANIEL S CAGNON	13643 DEERING BAY DR. PH 166 CORAL GABLES FL 33158	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	NORMAND C GAGNON	13643 DEERING BAY DR. PH 166 CORAL GABLES FL 33158	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 03/21 , 2012



Signature of a member or authorized representative of a member

NORMAND C GAGNON

Typed or printed name of signee

H120000827843