

Li 000120152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

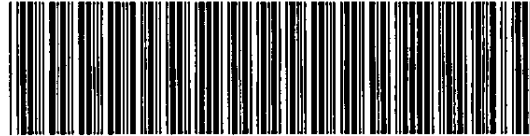
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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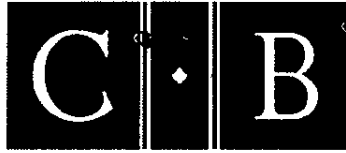
10/09/15--01008--021 **25.00

FILED
15 OCT -9 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 12 2015

J SHIVERS

11/14



Carr Butterfield, LLC
ATTORNEYS AT LAW

JOHN T. CARR*, *Shareholder*

LISANNE M. BUTTERFIELD, *Shareholder*

ANTHONY E. ROTHENFLUCH**, *Of Counsel*

*Admitted in Oregon & Washington

**Admitted in Oregon, Washington & California

AMY PRATT, *Paralegal*

MARGARET MCSHEA, *Firm Administrator*

CHARLOTTE FOSS, *Legal Assistant*

October 6, 2015

VIA FIRST CLASS U.S. MAIL

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: Sungarden Investment Research, LLC

FEI Number: 45-3768033

Dear Division of Corporations:

Enclosed for filing are **Articles of Amendment** for Sungarden Investment Research, LLC. Also enclosed is a Cover Letter and our check for the filing fee in the amount of \$25.

Please transmit confirmation of filing to my office at:

Tony Rothenfluch
Carr Butterfield, LLC
5285 Meadows Road, Suite 199
Lake Oswego, Oregon 97035

You may also call me at 503-635-5244 with any questions.

Sincerely,

/s/ Tony Rothenfluch

Tony Rothenfluch

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNGARDEN INVESTMENT RESEARCH, LLC

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:

TONY ROTHENFLUCH

Name of Person

CARR BUTTERFIELD, LLC

Firm/Company

5285 MEADOWS ROAD, SUITE 199

Address

LAKE OSWEGO, OREGON 97035

City/State and Zip Code

TROTHENFLUCH@CARRBUTTERFIELD.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TONY ROTHENFLUCH

at 503 635-5244
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
TO
ARTICLES OF ORGANIZATION
OF**

SUNGARDEN INVESTMENT RESEARCH, 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 October 20, 2011 and assigned
Florida document number L11000120152.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SUNGARDEN INVESTMENT MANAGEMENT, LLC

The new name must be distinguishable and contain 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:

New Registered Office Address:

1675 Market Street, Suite 211
Enter Florida street address
Weston, Florida
City

15 OCT -9 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33325
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Dana R. Isbitts		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1675 Market St. Ste. 211 Weston, FL 33326	<input checked="" type="checkbox"/> Change
MGR	Robert Isbitts		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1675 Market St. Ste. 211 Weston, FL 33326	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

15 OCT
SECRET
ALLAH

E. Effective date, if other than the date of filing: January 1, 2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 6, 2015


Signature of _____

Signature of a member or authorized representative of a member

ROBERT A. ISBITTS

Typed or printed name of signee