L12000062751

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(Address)				
(Address)				
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SECRETARY OF STATE

COVER LETTER

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SUBJECT:	SUN RE IN	VESTMENTS LLC	;		
30 5 0 5 01,		ted Liability Company			
The analoged Articles of	· Amondment and foo(s) are sub-	united for filling			
The enclosed Afficies of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence	ondence concerning this matter	to the following:			
	ALEEM KANJI				
		Name of Person			
	FINANCIA	AL ACCOUNTING SE	RVICES		
		Firm/Company			
	73	30 W. COLONIAL DR			
	Address				
	ORLANDO, FL 32804				
		City/State and Zip Code FINACCTSVC@GMAIL.COM			
	FINA				
	E-mail address: (to be used for future annual rep	ort notification)		
For further information of	concerning this matter, please c	all:			
Al	EEM KANJI	407 \	423-2371		
Name of Person		Area Code &	423-2371 . Daytime Telephone Number		
Enclosed is a check for t	he 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 C	of Status &	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

SUN RE	E INVESTMENTS LLC
(Name of the Limited Liabi	llity Company as it now appears on our records.) da Limited Liability Company)
(// 1011)	is difficed disconity company)
The Articles of Organization for this Limited Liability	y Company were filed on 05/05/2012 and assigned
Florida document numberL12000062571	
	 '
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
To it amending name, einer the new name of the i	mined habinty company nere.
"L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviati
Enter new principal offices address, if applicable:	3232 ALCOTT AVE
(Principal office address MUST BE A STREET AD	DRESS) PLANT CITY, FL 33566
Enter new mailing address, if applicable:	3232 ALCOTT AVE
• • • •	
(Mailing address MAY BE A POST OFFICE BOX)	PLANT CITY, FL 33566
	gistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	adress here:
	12 12
Name of New Registered Agent:	
New Registered Office Address: 32:	32 ALCOTT AVE
New Registered Office Address.	Enter Florida street addless
	PLANT CITY, Florida S 33566
	City Rip Code
New Registered Agent's Signature, if changing Registe	red 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 Type of Action **Title** Name 1 <u>Address</u> Add Remove ☐ Add ☐ Remove ☐ Add Remove Add Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **JUNE 18** 2012 or alithorized representative of a member JAYESH PATEL Typed or printed name of signee

Page 2 of 2