# L12000087004

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
· (Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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EXAMINER



### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

December 17, 2012

**DONALD ARPIN** 4920 N. DIXIE HWY OAKLAND PARK, FL 33334

SUBJECT: SUNSOURCE JV PARTNERS, LLC

Ref. Number: L12000087004

We have received your document for SUNSOURCE JV PARTNERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 512A00029689

Tammi Cline Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

TO: Registration Sec Division of Corp				
-	nsource J	V Partners ed Liability Company	,uc	
		, ,		
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	Donald	Name of Pelson	2012 DEC	
	Sunsour	T.1 0	tress the	
	4920 N	Dixie Hu	<b>1.5 1.5</b>	C
	Oakland 1	Pork, FL 33  City/State and Zin Code	334	
	Orpin 2.  Bymail address: (to	be used for future annual report notification	·net	
For further information co	Person Plase ca	at ( <u>QSU - 112</u> Area Code & Daytime Tel	- 3699 Iephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	☐\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)

### 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

ed Liability Company as it now appears on our (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number 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 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:

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.

City

ter Florida street address

Florida

Zip Code

ing the Managers or Managing Members on our records, enter the title, name, and address of each Manager aging Member being added or removed from our records: MGR = Manager ' MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** MEMBER A. Tarkan OcaL Remove Remove Remove

	NA	
d December 11	_, 2012	
Signatur	Typed or printed name of signee	2012 DEC 28 SECREJAN ALLAHASS
	Page 3 of 3 Filing Fee: \$25.00	8 PM 3: 41 SEEL ELORIG