L130000/8438

Office Use Only



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SECRETARIES TO BEREIO

COVER LETTER

TO:

Registration Section Division of Corporations

CND SUNTREE LLC

SUBJECT:

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:

JULIO MOLINA

Name of Person

JULIO MOLINA PA

Firm/Company

2002 CURRY FORD RD

Address

ORLANDO, FL. 32806

City/State and Zip Code

JULIOMOLINA@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JULIO MOLINA

.,,407,**228-475**7

Name of Person

Area Code & Daytime Telephone Number

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 enclosed)

□\$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

CND SUNTREE LLC

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

(Λ	Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number L13000018438	ability Company were filed on 02/05	5/2013 and assigned
This amendment is submitted to amend the following	_	2013 OCT 3ECRE1- TALLAHA
A. If amending name, enter the new name of		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company	
Enter new principal offices address, if applic	able:	<u> </u>
(Principal office address MUST BE A STREE	T ADDRESS)	·-"
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/oregistered agent and/or the new registered of New Registered Agent:	or registered office address on ou	r records, <u>enter the name of the new</u>
	3541 MERIVALE DR	
New Registered Office Address:		· Florida street address
	OVIEDO City	Florida 32765 Zip Code
New Registered Agent's Signature, if changing I	•	ziji coac
I hereby accept the appointment as registere		

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 604. 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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** JUAN G DIEZ 3541 MERIVALE DR **MGRM** OVIEDO,FL. 32765 Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	2.)
Dated 1 200 13 - 13	
- Marta L Quintana	
Signature of a member or authorized representative of a member Outhorized representative of a member Typed or printed name of signec	· · · · · ·
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