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.

(((H150000088013)))



H150000088013ABCX

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 : HADDOCK PROFESSIONAL ASSOCIATION

Account Number : 120010000145 Phone : (407)571-3900 Fax Number : (407)571-4390

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SGCF ZUNI ROAD, LLC

FECEIVED

5 JAN 12 AN 10: 00

7.51CM OF CONTINUE

FEAU OF CONTINUE

FORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

N 12 AH 7:47
ETARY OF STATE
HASSEE, FLORID

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 3 2015

1/12/2015

COVER LETTER

TO: Registration S Division of Co			
SGCF Z	Zuni Road, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	andence concerning this matter	to the following:	
	Lori Ann Linn		
		Name of Person	
Haddock Professional Association			
	**************************************	Fictal Company	
	3300 University Blv	d., Suite 218	
	,	Address	
	Winter Park, FL 32	792	
		City/State and Zip Code	
	!oril@fullsail.com	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	·	
Lori Linn		407 571-3908	
Name o	f Person	at () Area Code 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 enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Bullding
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(((H15000008801 3)))

0	F		
		ASE 15	
SGCF Zuni		CR S	
(Name of the Limited Liability Compa- (A Flyrida Limited L	ay as it now appears on our records.) Subility Company)	HAS HAS	
The Articles of Organization for this Limited Liability Company	were filed on January 9, 2015	and assigned	
Florida document number L15000005549		T S	
This amendment is submitted to amend the following:		TATE ORNO	
A. If amending name, enter the new name of the limited liable	lity company here:	Þ	
The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C,"	
Enter new principal offices address, if applicable:	andre beginner a commence of the control of the con	erkyrystekken or 1884, neprospenskellikeryr organiyan ellektyls y 1864 be	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. It amending the registered agent and/or registered off registered agent and/or the new registered office address here		er the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street audress		
·—————————————————————————————————————	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	nerformance of my duties, and I a rovided for in Chapter 605, F.S. (m fumiliar with and Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

. If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMOR = Authorized Member Title <u>Address</u> Type of Action Name MGR SunGate Colorado, Inc. 2100 W. Littleton Blvd., Suite 300 _□ Add Littleton, CO 80120 ■ Remove MGR SunGate Capital, LLC 3300 University Blvd., Suite 218 Winter Park, Florida 32792 □ Remove ___ C Remove DDA CI Remove _□ Adæ

Page 2 of 3

(((H15000008801 3)))

MGR = Manager

). If amending any other informat	ion, enter change(s) here: (Anach a	dditional sheets, if necessary.)
	·	<u> </u>
	· · · · · · · · · · · · · · · · · · ·	

Effective date, if other than the o	late of filing: the prior to date of receipt or filed date and catida Department of State)	(optional)
Dated January 12	2015	
	7.71 m	
S	ignature of a member or authorized represent	tative of a member
	J. Brock McClane	
·	Typed or printed name of sign	ice

Page 3 of 3

Filing Fee: \$25.00

FILED 15 JAN 12 M 7: 47 SECRETARY OF STATE SECRETARY OF STATE

(((H15000008801 3)))