

Division of Corporations

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**M13000004361**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

Email Address: \_\_\_\_\_

RECEIVED

14 MAR -4 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SUN NIH VI SIGMA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

TALLAHASSEE, FLORIDA  
14 MAR -4 PM 4:49  
2014

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

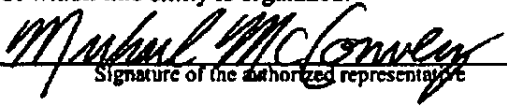
1. Name of limited liability Company as it appears on the records of the Florida Department of State: SUN NIH VI SIGMA, LLC
2. Jurisdiction of its organization: DELAWARE
3. Date authorized to do business in Florida: JULY 10, 2013

**SECTION II (4-7 complete only the applicable changes)**

4. New name of the limited liability company: SUN DYCE, LLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
\_\_\_\_\_
6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: \_\_\_\_\_
7. Attached is an original certificate, if required; no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

MICHAEL J. MCCONVERY  
Typed or printed name of signer

**Filing Fee: \$25.00**

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "SUN NIH VI SIGMA, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "SUN DYCE, LLC", THE TWENTY-EIGHTH DAY OF FEBRUARY, A.D. 2014, AT 3:30 O'CLOCK P.M.

14 FEB -4 3:30 PM  
DELAWARE SECRETARY OF STATE

5355428 8320

140283735

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 1176919

DATE: 03-04-14