

Florida Department of State

Division of Corporations Public Access System

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.

(((H090002074513)))



H080002074513ABC

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) 637-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SUNSHINE SCOOTERS, LLC

RECEIVED.

3 SEP 24 PM 3: 29
ECHETARY OF STATE

Electronic Filing Menu

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

T. HAMPTON

SEP 2 5 2009

EXAMINER

Corporate Filing Menu

H09000207451

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE	SCOOTERS.	LL C	
(Name of the Limited Lighlity (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Co Florida document number 409000377	/	17/09 and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	-	
The new name must be distinguishable and end with the word	ls "Limited Liability Company," the	designation "T.LC" or the abbre	 sviation
Enter new principal offices address, if applicable:			<u>u</u> _
<u>Principal office address MUST BE A STREET ADDRI</u>	ESS)	- 0	器
	wq ,		92
		19	유물
inter new mailing address, if applicable:	Commence of the commence of th	F	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)			7 9
		Ģ .	70°
3. If amending the registered agent and/or registe egistered agent and/or the new registered office address.	ered office address on our reco	ords, enter the name of th	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Flor	rida street address)	-
		, Florida	p. p. a. will de la language
	(City)	(Zip Code)	
tono The Fig. T. A. All Oh. A. And D. A. Son M. C.			

lew Registered Agent's Signature, if changing Registered Agent;

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with he provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and except 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 ompany has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

MGR = Manager

MGRM = Managing Member

H09000207451

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:

Title Name Address Type of Action

MGRN AIDRIN DITA

Add Remove

Add Remove

Add Remove

Dated_	
	Signature of a member or authorized representative of a member
	Michael PETROVICH
	Typed or printed name of signee

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00