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SEGRETARY OF STATE
DIVISION OF CORPORATIONS

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, i	(COVER LETTER	(OCH)	V ' —
TO: Registration Section Division of Corporat	tions		Orer	xola
SUBJECT:	Name of Limit	ted Liability Company	<u>l</u>	
Manage The enclosed Articles of Amer		WOUP CC	C.	
	•			
Please return all correspondent	ce concerning this matter	to the following:		,
_	UShi	Name of Person	agkel	L
_	BURL	Me Firm/Company	icial 1	your Group
(200 .E.	SOUTH ST	<u></u>	,
	Orland	City/Stale and Zip Code	la 325	21 Condo
_ (E-mail address (t	o be used for future annual r	421 @ 1 eport notification)	lothall com
For further information concer	ning this matter, please c	al <u>]</u> :		<i>Ser.</i>)
ASh (Name of Person	Cade	at (32) Arca Code	& Daytime Telephone N	lumber
Enclosed is/a check for the foll	lowing amount:	,		1
sps by Filing/For []	\$30,000/Filing Fee & Ceptificate of Status	\$55.00 Alling Fee & Cert/fied/Copy (additional/copy is	\$60. Ce enclosed) Ce (ad	DD Filing Fee, Thicate of status & Thirted Copy Aitional 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

NO Charge For this

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company Florida document number (10000) 38	1 1 .	SECRETARY OF STATE DIVISION OF SECRETARY OF STATE ON OF STATE OF S
A. If amending name, enter the new name of the limited liab	ility company here:	.
Sunshine Financial Manager The new name must be distinguishable and end with the words Flind "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	gement Group, LLC ited Liaumity Company. The second tion	n "LLC" or the abbreviation
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	Same	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		,
New Registered Office Address:	Enter Florida street d	address
	, Florida	
	City	Zip Code

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.

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							
Title	<u>Name</u>		Address	pape of Action			
MGI	? Timot	hy Peres	-7038 Cladz Blud Orlando, FL 38819	Add			
<u>M6</u>	Baub	ava mcCaskill	ave weirsdate,	Add Romove			
				Add Remove			
a 1.,				Add Romove			
				Add Remove			
D. If au	nending any other i	nformation, enter change(s) here: (Attach additional sheets, if nec	essary.)			
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Dated _	3-711	ashley.	authorized representative of a thember				
		typed or	printed name of signce				

Page 2 of 2

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