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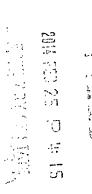
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B. BOSTICK FEB **26**2014

CVAMINER

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUNSHINE HOME ESTATES LLC

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:

## **ERAN MARGALIT**

Name of Person

## SUNSHINE HOME ESTATES LLC

Firm/Company

## 3212 NE 10TH STREET # 2

Address

# POMPANO BEACH, FL 33062

City/State and Zip Code

## sunshine@nmoving.com

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

For further information concerning this matter, please call:

ERAN MARGALIT

310 9279202

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

SUNSHINE HOME ESTATES LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our re ited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	22
_		
		- tannan - rases
Enter new mailing address, if applicable:		S. S
Mailing address MAY BE A POST OFFICE BOX)		7
		- 1 - 1
		5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the ne
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	ldress
	City	, Florida
	City	24/ 0000

#### 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ARIEL YISRAELIAN	3212 NE 10TH STREET # 2 POMPANO BEACH, FL 33062	2 <b>≣</b> Add
			Remove
			Add
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			Add III
			जिल्ला -
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If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
· .	
Effective date, if other than the date of fi (The effective date must be specific, cannot be prior the date this document is filed by the Florida Depart	iling: (optional) to date of receipt or filed date and cannot be more than 90 days after truent of State)
Dated February 21	2014
	Era Lagalit
ERAN MARGALIT	of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00