## L03000015984

Office Use Only



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FILED

09 DEC -7 PM 2: 57

SECRETARY OF STATE
ALL AHASSEE, FLORID.

J. BRYAN

DEC -8 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Sunshine Land Holdings, 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:
Helen Breeding Name of Person Sunshine Land Holdings UC Firm/Company
Jacksonville Fl 377556  City/State and Zip Code  Silden Co. Coloral South and the Control of the Colorador o
City/State and Zip Code  SILDEN CO C bell South . Not  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Helen Breeding at 904, 519-9545  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{\$\text{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

SUNSMIPE LLUNG HOLD (Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records. ed Liability Company)	.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>V030000 15984</u> .	any were filed on My 2, 200	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 "I" L.L.C."	Limited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2	SE SE	
Enter new mailing address, if applicable:		DEC -7 PM CRETARY OF AHASSEE.	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:		. 22	
	Enter Florida street address		
	, Florida	a Zip Code	
	City	zip Coae	

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 Type of Action Charles F. Atkarson, JR. Remove Gary D. Silverfield Serena Wakefield Remove Remove reed Silverfield FORTIME PURLUM Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December Signature of a member of authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00