## 103000040543

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





800247580988

05/07/13--01026--027 \*\*25.00

SECREMAN -7 MILLS
SECREMANY -7 MILLS

MAY - 8 2013 T CLINE

## **COVER LETTER**

TO:	Registration Section	
	Division of Corporat	ion

SUBJECT: USDIRECTORY.COM, 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:

Administration

Name of Person

USDirectory.com, LLC

Firm/Company

999 W Yamato Road, Ste 100

Address

Boca Raton, FL 33431

City/State and Zip Code

messickw@bellsouth.net

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

For further information concerning this matter, please call:

Walter Messick

<sub>4,7</sub>561 \ 989-7400

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

USDIRECTORY.COM, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/23/2003 and assigned Florida document number L03000040543 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sunshine Ally, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

Zip Code

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 =	IGRM = Managing Member				
<u>Title</u>	Name	Address	Type of Action		
			Add		
			Remove		
			Add		
			Remove		
	·	<del></del>			
			-Sin Add		
			Add Remove		
			Add		
			Remove		
			Add		
			Remove		
<del></del>			Add		
			Remove		

. If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
***************************************	
<del></del> .	
· · ·	
<sub>lated</sub> May 1	2013
	Eduik Millih
	Signature of a member or authorized representative of a member
Frede	erick Middleton
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE