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TO:

Registration Section
Division of Corporations

SUBJECT

A SUNSHINE HOME IMPROVEMENT 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:

GARY D'SA

Name of Person

A SUNSHINE HOME IMPROVEMENT LLC

Firm/Company

6770 82ND AVE N

Address

PINELLAS PARK, FL 33781

City/State and Zip Code

garyd77sa@yahoo.com

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

For further information concerning this matter, please call:

222-7822

GARY D'SA

Name of Person

727 541-5828-

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

A SUNSHINE HOME IMPROVEMENT, 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 L Florida document number L05000104594	iability Company were filed on 10	/24/2005	_ and assigned	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Comp	any," the designation "LLC	C" or the abbreviation	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)	- And		
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Enter new mailing address, if applicable:		(1)		
(Mailing address MAY BE A POST OFFICE	g address MAY BE A POST OFFICE BOX)		3,46,7	
				
		<i>조심</i> 다	5	
B. If amending the registered agent and/ registered agent and/or the new registered o		our records, enter the	name of the new	
Name of New Registered Agent:	GARY C D'SA			
New Registered Office Address:	6770 82ND AVE N			
New Registered Office Radiess.	Enter Florida street address			
	PINELLAS PARK	, Florida <u>337</u>	B1	
	City	, 1101104	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

<u>Title</u>	Name	Address	Type of Action
MGR	LAMARTINE D'SA	6770 82ND AVE N	Add
		PINELLAS PARK, FL 33781	Remove
MGR	GARY C D'SA	6770 82ND AVE N	Add
		PINELLAS PARK, FL 33781	Remove
		A CARAGOS SET	Remove 20
		F. F. O. F. I. O. I. O. F. I. O.	Add Remove
			Add Remove
			Add Remove

, . If amending any other information,	enter change(s) here: (Attach additional sheets,	if necessary.)
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Signatur LAMARTINE D'SA		er
	Typed or printed name of signee	
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