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TALLAHASSEE FLORID

B. BOSTICK
DEC 2 9 2011
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SUNS MINI ADAY THEN LLC Name of Limited Liability Company	
Name of Elimited Blacking Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Lucio Gomez Name of Person	
Sunshine Apartments, LLC	
70 BOX 143284 Address	
Coral Gables, FL 33114 City/State and Zip Code	
Sough 920 Comcast. nut Ethail address: (to be used for future annual report notification)	W 2
For further information concerning this matter, please call:	THE SHAPE SECTION
LUCID Gomez at (305) 300 - 2048 Name of Person Area Code & Daytime Telephone Number 3 (7)	TERM OF SERVICE OF SER
Name of Person Area Code & Daytime Telephone Number Area Code & Daytime Telephone Nu	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (certified Copy (additional copy is enclosed)	losed)

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	Apartments, LL	C	
(Name of the Limited Liab (A Flor	oility Company as it now appears on ida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on <u>Jul</u> 8 <u>5</u> .	y 17, 2006 and assigned	
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company here:		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A)	DDRESS)	S2 2	
	***************************************	ûr B	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX	2		
	 		
B. If amending the registered agent and/or registered agent and/or the new registered office a		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street 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 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> <u>Name</u> <u>Address</u> **Type of Action** Karen Knoblock Remove Remove ☐ Add ☐ Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 2011 Signature of a member or authorized representative of a member LUCIO Gomez Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00