106000114001

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



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D. BUTLER

COVER LETTER

TÓ:

Registration Section
Division of Corporations

SUBJECT:

Sunshiners Group Home 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:

Fred Hart

Name of Person

Sunshiners Group Home

Firm/Company

719 N Main St

Address

Williston, FL 32696

City/State and Zip Code

sunshinersgh@embargmail.com

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

For further information concerning this matter, please call:

Fred Hart

352,528-4380

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

| Sunshiners Group Home LI | | |
|---|--|------------------------------|
| (<u>Name of the Limited</u>) (A | Liability Company as it now appears on our records Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Lia | ability Company were filed on 11/28/2006 | and assigned |
| Florida document number L06000114027 | • | |
| This amendment is submitted to amend the follo | _ | 13 JUH 12 PM |
| A. If amending name, enter the new name of | the limited liability company here: | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limited Liability Company," the designati | on "LLC" or the abbreviation |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B | (OX) | |
| B. If amending the registered agent and/or registered agent and/or the new registered off | r registered office address on our records, <u>en</u> ice address here: | ter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street | address |
| | 2 | |
| | City, Florid | 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------------------------|-------------------|----------------|
| MGRM | Jesse J Hart | 11951 NE 95th St | ✓ Add |
| | | · | Remove |
| | | Bronson, FL 32621 | |
| | | | Add |
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| D. If an | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| Dated _ | June 4, 2013. |
| | Trucking A state of a member or authorized representative of a member |
| | Frederick R Hart |
| | Typed or printed name of signee |
| | 1 yped of printed fiame of signee |

Page 3 of 3

Filing Fee: \$25.00

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