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SECRETARY OF STATE ONS DIVISION OF CORPORATIONS

T. HAMPTON

MAR 1 7 2010

EXAMINER

COVER LETTER

TO: Registration S, Division of Co				
SUBJECT:	LONG TIME	E SUNSHINE, LLC		
	Name of Limi	Name of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Name of Person		
	LONG	G TIME SUNSHINE, LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1995 E. OAK	(LAND PARK BLVD., SUIT	E 200	
		Address		
	FORT	LAUDERDALE, FL 33306		
		City/State and Zip Code		
	MICHAEL E-mail address: (@COSTARICAFORME.Co	OM lication)	
For further information	concerning this matter, please of			
VA	LERIE DUCH	at (_954_)	630-1801	
Name	of Person	Area Code & Daytim	ne 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	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Regis	LING ADDRESS: tration Section	STREET/COUR Registration Section	on	

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONG TIME	<u>SUNSHINE, LL</u>	<u>.C</u>	·	
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	any were filed on	08/02/2007	and assig	gned
Florida document numberLO7000079346				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company he	<u>re</u> :		
The new name must be distinguishable and end with the words "I "L.L.C."	Limited Liability Comp	any," the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:			<u>.</u>	- =
(Principal office address MUST BE A STREET ADDRESS	<u></u>		===	<u> X:X</u>
	···.			<u> </u>
			70	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u> </u>	83.5
(Mailing address MAY BE A POST OFFICE BOX)			3	3990
				STA RA
•	*		1.0	ᇙᆏ
B. If amending the registered agent and/or registered		our records, <u>enter t</u>	<u>he name of</u>	tere new
registered agent and/or the new registered office address	here:			
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 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 **Type of Action Title** Name **Address** WAYNE BLACKBURN 1995 E. OAKLAND PARK BLVD. ☐ Add Remove SUITE 200 FORT LAUDERDALE, FL 33306. ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member MICHAEL STARKEY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00