

LO7000086950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

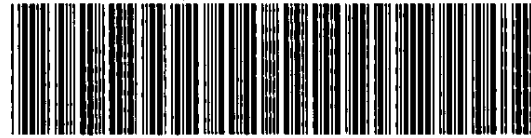
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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T. HAMPTON
AUG 10 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSHINE INTERNATIONAL CONSULTING 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:

ALVARO MELLADO
Name of Person
ALVARO MELLADO ENTERPRISES, INC.
Firm/Company
3215 S. SAINT LUCIE DRIVE
Address
CASSELBERRY FL 32707
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWARD P, BLAISDELL, ESQ. at (407) 648-1153
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

SUNSHINE INTERNATIONAL CONSULTING LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on AUGUST 24, 2007 and assigned
Florida document number L07000086950

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

3215 S. SAINT LUCIE DRIVE

(Principal office address MUST BE A STREET ADDRESS)

CASSELBERRY FL 32707

Enter new mailing address, if applicable:

3215 S. SAINT LUCIE DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

CASSELBERRY FL 32707

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:

ALVARO MELLADO

New Registered Office Address:

3215 S. SAINT LUCIE DRIVE

Enter Florida street address

CASSELBERRY

Florida

32707

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

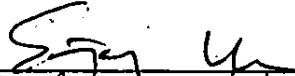
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>ALVARO MELLADO</u>	<u>3215 S. SAINT LUCIE DRIVE</u> <u>CASSELBERRY, FL 32707</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>SANJAY KUMAR</u>	<u>2607 ANDROS LANE</u> <u>KISSIMMEE, FL 32809</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated JULY 30, 2010



Signature of a member or authorized representative of a member
SANJAY KUMAR

Typed or printed name of signee

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