L07000109158

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B. BOSTICK
JUN 1:4 2011

EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration Sect Division of Corpo		•		
SUBJE	CT:	Sunshine Air of	Charlotte County, LI	_C	
501201			ited Liability Company		
		nendment and fee(s) are sul lence concerning this matter	_		
		Jar	nes Travis Birchenough		
			Name of Person		
	Sunshine Air of Charlotte County, LLC Firm/Company			, LLC	
		5-	45 Encarnacion Street Address		
			Aduless		
		Р	unta Gorda, Fl 33983		
			City/State and Zip Code		
		Suns	hineairofcc@yahoo.com to be used for future annual report i	notification)	
For furt	har information con	cerning this matter, please of	•		<u> </u>
roi iuit	ner imormacion con	certaing this matter, please c	an.		
	James Tra	vis Birchenough	at (941)	740-0677 💯	Co :
	Name of P	erson	Area Code & Da	ytime Telephone Number	1 2
Enclose	d is a check for the	following amount:		TATE ORID	: 22
₹ 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 e	
	Registrati	G ADDRESS: on Section of Corporations 6327	STREET/COI Registration Se Division of Co Clifton Buildin	rporations	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine Air	of Charlotte Coun	ty, LLC		
(Name of the Limited Liabili (A Florida	ity Company as it now appe a Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	March 17, 2011	and assig	ned
Florida document numberL07000109158	··			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company h	ere:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Com	pany," the designation "L	LC" or the ab	breviation
Enter new principal offices address, if applicable:			IALI SE	
(Principal office address MUST BE A STREET ADD	(RESS)		A) III	
			がと mm	e restricte
Enter new mailing address, if applicable:			Fig. R	
(Mailing address MAY BE A POST OFFICE BOX)			I: 22	
			2 DA	·
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter th	ne name of	the new
Name of New Registered Agent:				
New Registered Office Address:			 	
	Enter Florida street address			
	City	, Florida	Zip Code	
	City		Lip Coue	

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>	Address	Type of Action
MGRM	Lauren M Birchenough	545 Encarnacion Street Punta Gorda, Fl 33983	Add Remove
			Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)
_			
_		· · · · · · · · · · · · · · · · · · ·	LAHABSS
Dated	Lawren M.	Bushonough r or authorized representative of a rhember	STAR D
		ren M Birchenough	22 TE IDA
	Typed	or printed name of signee	·

Page 2 of 2

Filing Fee: \$25.00