# L08 6000 61320

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## **COVER LETTER**

Divisio	n of Corporations				
SUBJECT:	SUNSHINE	W	8035	uc	
	Name of	Limited Li	ability Company		

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ECEUNORA TODANW	
Name of Person	
JET SET GROUP LLC Firm/Company	
Firm/Company	
860 LOLLINS AVE	
Address'	
MIANI MEACH FL 33139  City/State and Zip Code	
F-mil address: (to be used for future annual report notification)	
e-mail address: (to be used for luture annual report notification)	
ncerning this matter, please call:	

For further information cor

Enclosed is a check for the following amount:

\$25.00 Filing Fee

TO:

**Registration Section** 

□\$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 IN	80BE	
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Florida document number L0800006132	Company were filed on 06 23 2	_
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v. "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		P
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		s, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
	City , F	lorida 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 **Title Address** Type of Action <u>Name</u> OLGA POSOCCO 860 COLUNS AVÉ MIAMI BEACH Remove Remove Remove Remove Remove

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
ited DE	CEMBER 12. 2013
_	The state of the s
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00