

L08000066955

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500143853845

02/23/09--01033--007 **30.00

FILED
2009 FEB 23 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

FEB 24 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RED SUNSHINE 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:

JOSE MARTI

(Name of Person)

RED SUNSHINE, LLC

(Firm/Company)

P.O. Box 2503

(Address)

PALM CITY, FL 34991

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE MARTI

(Name of Person)

at 561, 951-0915

(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**

FILED

2009 FEB 23 PM 3:04

REO SUNSHINE LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 07/10/2008 and assigned
Florida document number L08000066955.

This amendment is submitted to amend the following:

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

REO SUNSHINE, LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

5256 NE 1ST AVENUE

FORT LAUDERDALE, FL 33334

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 2503

PALM CITY, FL 34991

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:

JOSE MARTI

New Registered Office Address:

5256 NE 1ST AVENUE

(Enter Florida street address)

FORT LAUDERDALE

Florida

33334

(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:

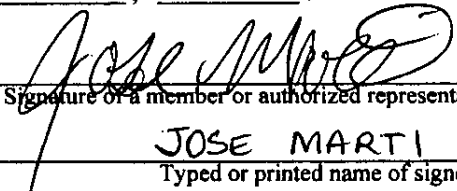
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	EBERT OCHOA	3079 DOUBLOON DR. MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GINO MORA	3079 DOUBLOON DR. MARGATE, FL 33063	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	JOSE MARTI	5256 NE 1ST AVENUE FORT LAUDERDALE, FL 33334	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	GINO MORA	2365 NW 73RD AVENUE SUNRISE, FL 33313	<input checked="" 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 FEBRUARY 5, 2009.



Signature of a member or authorized representative of a member
JOSE MARTI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

2009 FEB 23 PM 3:04
STATE
SECRETARY
TALLAHASSEE, FLORIDA

FILED