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SECRETARY OF STATE DIVISION OF GERPORATION

T. HAMPTON MAR - 1 2010

EXAMINER

COVER LETTER

TO: Registration Sect Division of Corpo		÷			
Υ					
SUBJECT: TALL	Name of Limited Liability Company	-			
	Name of Limited Liability Company				
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.				
Please return all correspond	dence concerning this matter to the following:				
	GREGORY D. MORRIS	_			
	GREGORY D. MORRIS Name of Person				
	BULLARD GROUP Firm/Company				
	Firm/Company	_			
	77.25 11. 11. 2 Dr. Suite 70				
	2325 ULMERTON RD SUITE ZO Address	_			
	5 . 5				
	CLEARWATER, FLA 33762 City/State and Zip Code	_			
	E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)					
For further information con	ncerning this matter, please call:				
6- N	M-22.5				
ONEGORY D. Name of P	Person at (727) 576.6424 Person Area Code & Daytime Telephone Num	ber			
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee		Filing Fee,			
A ************************************	Certificate of Status Certified Copy Certified	cate of Status &			
	• • • • • • • • • • • • • • • • • • • •	ied Copy ional 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

TALLY BE					
(<u>Name of the Limited</u> (A	Liability Compa Florida Limited I	ny as it now appear: Liability Company)	s on our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on	3/23/2009	and assigned,	
Florida document numberL 09000					
This amendment is submitted to amend the following	owing:			B 26 PM	
A. If amending name, enter the new name o			2:	7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	
SUNSHINE SENIOR H				2 11	
The new name must be distinguishable and end wit "L.L.C."	th the words "Lim	ited Liability Compar	ny," the designation "	LLC" or the abbaviation	
Enter new principal offices address, if applic	able:	2325 U	LMERTON F	20, Suite 2	
(Principal office address MUST BE A STREE	T ADDRESS)	CLEARWA	TER FLA	33762	
Enter new mailing address, if applicable:		2325 UC	MERTON P	CO Suite ZO	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) CLEARWATER, FLA 33762			33762		
B. If amending the registered agent and/ registered agent and/or the new registered of	ffice address her	<u>·e</u> :		the name of the new	
Name of New Registered Agent:		4 D. More			
New Registered Office Address:	New Registered Office Address: 2325 ULMERTON RD Suite 20 Enter Florida street address				
	CLEMRU	HTER	Florida	33762	
		City	, Fibrida	Zip Code	
New Registered Agent's Signature, if changing l	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRED BULLARD, JR	2325 ULMERTON RD SUITE 20 CLEARWATER, FLA 33762	₽ Add Remove
MGR	GAELDRY D. MOFRIS	2325 ULMERTON RO SUTTE 20 CLEARWATER, FLA 33762	Remove CHANGE
<u>M6R</u>	Grebory D. Moenis	4630 SED GRAPE DRIVE LAUDERDALE BY THE SEA FLORIDA 33308	Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amend	February 23, 20	ge(s) here: (Attach additional sheets, if necessary.) 2/6 er or authorized representative of a member	SEURETARY OF STATE SIVISION OF BORPORATIONS 10 PEB 26 PN 2: 98
	Greeny D. Morre Type	d or printed name of signee	

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Filing Fee: \$25.00