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PICK-UP WAIT MAIL	l
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Certified Copies : Certificates of Status ::.	١,
Special Instructions to Filing Officer:	-
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SECRETARY OF STATE SIVISION OF CORPORATIONS

Office Use Only

T. HAMPTON

NOV - 3 2009

EXAMINER

## **COVER LETTER**

	istration S ision of Co	ection rporations				
SUBJECT:		MODIFICATION	THE RIGHT CHOICE	. LLC		
SUBJECT.			ited Liability Company	<u> </u>		
The enclosed	Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return	all corresp	ondence concerning this matter	r to the following:			
	MYRTHA NOEL					
			Name of Person			
	PARALEGAL SERVICES					
			Firm/Company			
498 PALM SPRINGS DRIVE, SUITE 100						
			Address			
		ALTAM	ONTE SPRINGS, FL 32	701		
			City/State and Zip Code			
		C mail oddroos /	orimah63@cfl.rr.com to be used for future annual report n	otification)		
For further in	ıformation (	concerning this matter, please of		ouncations		
	MV	'RTHA NOEL	at ( 407 )	692-3358		
		of Person		time Telephone Number		
Enclosed is a	check for t	he following amount:				
\$25.00 Fi	ling Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MODIFICATION	THE RIGHT CHO	ICE, LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appear a Limited Liability Company)	s on our records.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	05/20/09	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :			
SUNSHINE PA	RALEGAL SERVICES,	LLC			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if applicable:		., _,	OS IVIS		
(Principal office address MUST BE A STREET ADD	ORESS)		NO PR		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			FILEU STATE ARY OF STATE OF CORPORATION 1-2 PH 12: 19		
B. If amending the registered agent and/or registered agent and/or the new registered office ad  Name of New Registered Agent:		ur records, <u>enter tl</u>	ne name of the new		
New Registered Office Address:					
New Registered Office Address:  Enter Florida street address					
		, Florida			
<del></del>	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

<u>itle</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
. If amend	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	SECRETARY JIVISION OF CO 09 NOV -2
			ORPORATIONS ORPORATIONS PM 12: 19
ated	OCTOBER 26	2009 .	
	/ multipol	roce	
		nember or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00