

Division of Corporations Public Access System

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Division of Corporations

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AUG -7 2009

EXAMINER Account Name : BERRIZ & GIRALDO P.A

Account Number: I19990000017

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ARTICLES OF AMENDMENT TO

OF	TION
Sunshine Self Decense	LLC
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) /)
The Articles of Organization for this Limited Liability Company were filed on Strong document number	July 14, 2009 and assigned
Florida document number 2090000 7055	<i>V</i> ·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company !	<u>ere</u> :
The new name must be distinguishable and end with the words "Limited Liability Com"L.L.C."	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter the name of the new
, ,	
Name of New Registered Agent: Marti, Non	7
New Registered Office Address: 6320 Hou	Hrie Place
New Registered Office Address: 6320 Hou	1/trie_Place Enter Florida street address)
New Registered Office Address: 6320 Hou	2/trie Place Enter Florida street address) LS_, Florida330/4. (Zip Code)
New Registered Office Address: 6320 Hou Garage Land	25 Florida 33014.
New Registered Office Address: 6320 Hos	LS Florida 33014. (Zip Code) capacity. I further agree to comply with e of my duties, and I am familiar with and chapter 608, F.S. Or, if this discums is

MGR = Manager

Hog ODO 1778083.
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:

MGRM = Managing Member Title Address Type of Action Name Marti, Nora

Marti, Nora

Marti, Nora

Marti, Nora ☐ Add Remove Add Remove Add Remove □ Add Remove ☐ Add 🗖 Remove D. If amonding any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signed Page 2 of 2

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