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EXAMINER



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COVER LETTER

TO:. Registration Section Division of Corporations							
SUBJECT:	SUNSHINE LIVE LLE Name of Limited Liability Company						
Name of Emilies Elability Company							
v.							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	RICARDO MORENO						
Name of Person							
SUNSHINE LOVE LLC							
Firm/Company							
498 NW 165TH STREET RD D306							
Address							
MIAMI, FL 33169							
City/State and Zip Code							
trickm11@yahoo.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
RICA	RDO MORENO at (954) 579-2122						
Name o	RDO MORENO at (954) 579-2122 of Person Area Code & Daytime Telephone Number						
Enclosed is a check for t	the following amount:						
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

SUNSHIN (Name of the Limited Liability Com (A Florida Limite	E LOVE LLC pany as it now appea ed Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Comparing the Logonometric Logonometri Logonometric Logonometric Logonometric Logonometric Logonometric L	any were filed on	10/30/2009	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "L" "L.L.C."	imited Liability Comp	any," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:	498 NW 165	498 NW 165TH ST RD D306 ∰			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 3	3169	A P		
, Enter new mailing address, if applicable:	498 NW 165	TH ST RD D306			
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 3		12. <u>1</u> 6		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent: RICARDO) MORENO				
New Registered Office Address: 498 NW 165TH ST RD D306					
		nter Florida street add			
	MIAMI City	, Florida	33169 Zip Code		
New Desigtand Agent's Signature if shanging Desigtand Age	•		ziji Couc		

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

Page 1 of 2

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 **Type of Action** Title Name <u>Address</u> **MGRM** RICARDO MORENO 498 NW 165TH ST RD D306 ✓ Add MIAMI FL 33169 Remove BABITA LLC MGRM 3301 N 37TH ST ☐ Add ✓ Remove HOLLYWOOD, FL 22021 **MGRM** JEFFERSON & KATZ, ING ☐ Add 1935 NW 9TH AVENUE Remove FORT LAUIDERDALE, FL 33021 Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member PUN TIINETRIGARDO MORENO AS PRES. Typed or printed name of signee JEFFERSON & Page 2 of 2

Filing Fee: \$25.00

KATZ, INC.