L0900013204

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T. HAMPTON

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EXAMINER

COVER LETTER .

TO:	Registration S Division of Co				
SUBJECT: Maybar 201 Associates, LLC					
The er	nclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
Bill Gross					
			Name of Person		
		Sur	nshine Restaurant Corp		
			Firm/Company		
195 Wekiva Springs Road Suite 200		200			
Address					
			. =		
			.ongwood, FL 32779 City/State and Zip Code		
			•		
		E-mail address: (t	bili@sunshine.bz to be used for future annual report no	tification)	
For fu	rther information	concerning this matter, please c	all:		
		Bill Gross	at (_407_)	774-5300	
	Name	of Person	Area Code & Dayt	ime Telephone Number	
Enclos	sed is a check for	the following amount:			
\$25	5.00 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)	
	Regisi Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 trassee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maybar 201 Associates, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 11/25/09 The Articles of Organization for this Limited Liability Company were filed on Florida document number _____L09000113204 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Maybar 201 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) 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 our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action		
	•		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
<u> </u>			Add Remove		
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)			
			10 10 10 10		
	September 28	<u>2010</u> ., ()/	HETARY ON OF CO		
	Signature of a fi	nember of authorized representative of a member Andrew L. Gross	OF STATE RPORATION: AM 10: 57		
		Typed or printed name of signee	s		

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Filing Fee: \$25.00