L10000007873

(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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10 MAR 29 AM 8:51
SECRETARY OF STATE
ALLAHASSEE FLORIDA

J. BRYAN

MAR 3 0 2009

EXAMINER

COVER LETTER

TO: Registration Division of C	n Section Corporations		•
SUBJECT:	SUNSHINE	E LIMITED 1, LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Erik Larsen	
		Name of Person	
		Firm/Company	10 MAR 29 AM 8:51 SECRETARY OF STATIONS TAILLANASSEE, FLORE
	243	West Park Ave., Ste. 201	RETAR
		Address	SSER
		Vinter Park, FL 32789	FIST A 8:
		City/State and Zip Code uddy183@gmail.com	STEP STEP
	E-mail address: (to be used for future annual report notificat	ion)
For further information	on concerning this matter, please of	call:	
Nan	Erik Larsen ne of Person	at (<u>407</u>) 64 Area Code & Daytime To	7-2011
Enclosed is a check for	or the following amount:		
\$25.00 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)
	AILING ADDRESS: gistration Section	STREET/COURIER Registration Section	ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BEST

SUNSHINE LIMITED 1, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	y were filed on	01/22/2010	and assigned
Florida document numberL1000007873			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here	;	
The new name must be distinguishable and end with the words "Liu"L.L.C."	nited Liability Compar	ny," the designation "L	LC" 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 registered agent and/or the new registered office address he		ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ente	er Florida street add	ress
	<u> </u>	, Florida	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
mgrm	Lawrence, Robin	4805 N. Palmetto Avenue Winter Park, FL 32792	Add Remove
	. <u> </u>		Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If am	ending any other information, ente	r change(s) here: (Attach additional sheets, if neces	esary.)
			TAL
Dated	3/25/10	·	HAR 29 AM
	gnature of a	member or authorized representative of a member Gary Spritzer Typed or printed name of signee	8: 52 STATE CORIDA

Page 2 of 2

Filing Fee: \$25.00