

L10000086167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

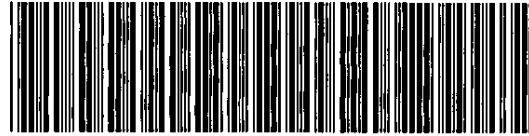
(Business Entity Name)

(Document Number)

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2014 JUN -9 P 12:56
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B. BOSTICK
JUN 12 2014
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSHINE BOYZ SHOPS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN W. LEDBETTER
Name of Person
STEVEN W. LEDBETTER, P.L.
Firm/Company
229 PENSACOLA RD.
Address
VENICE, FL 34285
City/State and Zip Code
dancharney1@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN W. LEDBETTER at **(941) 256-3965**
Name of Person Area Code Daytime Telephone Number

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2011 JUN -9 P 12:05
TALLAHASSEE, FLORIDA

Enclosed is a check for 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)

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**

SUNSHINE BOYZ SHOPS, 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 Company were filed on 08/17/2010 and assigned Florida document number L10000086167.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

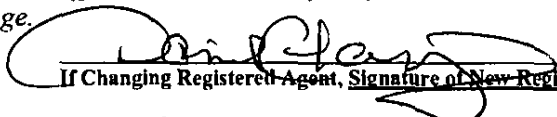
Name of New Registered Agent: DANIEL CHARNEY

New Registered Office Address: 1950 TAMiami TRAIL SOUTH
Enter Florida street address

VENICE, Florida 34293
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SHAWN CORSON	7251 CLOISTER DR	<input type="checkbox"/> Add
		SARASOTA, FL 34231	<input checked="" type="checkbox"/> Remove
MGRM	TERRY & LANDA CORSON	1401 PELICAN LN	<input type="checkbox"/> Add
		NORTH PORT, FL 34286	<input checked="" type="checkbox"/> Remove
MGRM	DANIEL CHARNEY	1235 PARADISE WAY	<input type="checkbox"/> Add
		VENICE, FL 34285	<input checked="" type="checkbox"/> Remove
MGRM	BRIAN CORSON	1235 PARADISE WAY	<input type="checkbox"/> Add
		VENICE, FL 34285	<input checked="" type="checkbox"/> Remove
AMBR	DANIEL CHARNEY	608 RIVIERA ST	<input checked="" type="checkbox"/> Add
		VENICE, FL 34285	<input type="checkbox"/> Remove
AMBR	BRIAN CORSON	608 RIVIERA ST	<input checked="" type="checkbox"/> Add
		VENICE, FL 34285	<input type="checkbox"/> Remove

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DENISE J. BEAR, TRUSTEE	20605 PEZZANA DR.	<input checked="" type="checkbox"/> Add
		VENICE, FL 34285	<input type="checkbox"/> Remove
AMBR	WILLIAM F. BEAR, TRUSTEE	20605 PEZZANA DR.	<input checked="" type="checkbox"/> Add
		VENICE, FL 34285	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3, June 2014



Signature of a member or authorized representative of a member

DANIEL CHARNEY

Typed or printed name of signee

FILED
JUN 10 2014
TALLAHASSEE, FL