## #1 10000091249

(F	Requestor's Name)
	Address)
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	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(i	Business Entity Name)
(1	Document Number)
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SECKETARY OF STATE

K. SALY EXAMNER JUL 13 2015

## **COVER LETTER**

TO:

**Registration Section** 

Divi	ision of Corp	porations		
	SUNSHINE	E MANAGEMENT LLC		
SUBJECT:		Name of Lim	ited Liability Company	<del></del>
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		JOAQUIN E. COSSIO		
			Name of Person	
		SUNSHINE MANAGEM	ENT LLC	
			Firm/Company	·
		7915 EAST DR. #1		
			Address	<del></del>
		NORTH BAY VILLAGE,	FL 33141	
			City/State and Zip Code	
		REALTYMORTGAGES@		
			to be used for future annual report notif	fication)
For further in	iformation co	oncerning this matter, please co	all:	
JOAQUIN E	E. COSSIO		786 2085709 at ( )	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F		□ \$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)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	-ED
2015 JUL -9	~ 0
SECRE TO	PH 12: 25

SUNSHINE MANAGEMENT LLC

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

	mpany were filed on08/31/20	and assigned
Florida document number L10000091249	e.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	····
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		records, enter the name of the new
		records, enter the name of the new
registered agent and/or the new registered office addre	ess here:	
Name of New Registered Agent:		
Name of New Registered Agent:	ess here: Enter Florida str	eet address Florida
Name of New Registered Agent:  New Registered Office Address:	Enter Florida stra	eet address
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered	Enter Florida str City Agent:	eet address, Florida Zip Code
Name of New Registered Agent:  New Registered Office Address:	Enter Florida straction  City  Agent: and agree to act in this capace applete performance of my dent as provided for in Chapte	eet address, Florida Zip Code  ity. I further agree to comply with the uties, and I am familiar with and eer 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	eg Authorized Person(s) authorized to ndd from our records:	nanage, enter the title, name, and address of each person being adde
MGR = N	•	Address  Add
<u>Title</u>	<u>Name</u>	Address SECRETARY 2: 2 Type of Action
MGR	SUZEL DAMOLIN	Address  SECRETARY OF STATE  7915 East Dr. #1,  SECRETARY OF STATE  Add  North Roy Village EL 22141
		North Bay Village, FL 33141 □ Remove
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		Remove
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Effective	date, if other than th	e date of filir	ng:		6	optional)	
f an effecti	ve date, if other than the ive date is listed, the date mu the date inserted in this b	ust be specific an	nd cannot be pri	or to date of filing	or more than 90 days	after filing.) Pursua	nt to 605.0207 (3)
	the date inserted in this to t's effective date on the I				ning requirements	, this date will no	t be listed as the
ne recor The 90	d specifies a delaye Oth day after the re	d effective cord is filed	date, but r	ot an effectiv	e time, at 12:	01 a.m. on the	e earlier of:
Dated	ly 7		2015	_			
			. —	<del></del>	à		
			<b>×</b>		•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00