11000098345

equestor's Name)	
ldress)	
ldress)	<u> </u>
ty/State/Zip/Phone	e #)
☐ WAIT	MAIL
isiness Entity Nar	me)
ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certificates	s of Status
Filing Officer:	
	dress) cy/State/Zip/Phon WAIT siness Entity National Comment Number)





300306394103

12/11/17--01024--024 **75.00

ALOS IN VIOSO AS

DEC 1 2 2017 Y SULKER

COVER LETTER

-		r <u>-</u>	
SUBJECT:	Sonohine (Name of Lim	7 Amanion nited Liability Company	Carello
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. turn all correspondence concerning this matter to the following: Shall Miron Name of Person Sonshine Companyon Carl Firm/Company [DIO N 12th a ve #233 Address Passarbla Fl 3250 City/State apd Zip Code Sonshine developed a parall. Com Firmali address: (to be used for future annual report notification) er information concerning this matter, please call: Taci Miron at 850 Area Code Daytime Telephone Number		
rease return an correspo	ondence concerning this matter	to the following:	•
		Staci Miror	1
	Division of Corporations JECT: Sench ne Companies Carella Consideration of Limited Liability Emptys Senciosed Articles of Amendment and fee(s) are submitted for filing. Ser return all correspondence concerning this matter to the following: Shaling		
	Division of Corporations SCT: Sonshae Companies Carella Corella Core Name of Limited Liability Congany School Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Shall Miron Sonshare Companion Core Firm/Company [DID N 12th a ve #133 Address Pawarda Fl 3250 City/State and Zip Code Simple deviced for future annual report notification) her information concerning this matter, please call: Aci Miron		
	•		
	E-mail address: (i	hine devices to be used for future annual report not	e anail. Con
For further information c			
Name o	Person	at (850) 34	6 0352
3		Alea Code Daytin	ne reiephone Number
•	ne following amount:		
☑ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
MAIL	NC ADDRESS.	CTPTPT/COAD	
Registra Division P.O. Bo	ation Section n of Corporations ox 6327	Registration Section Division of Corpo Clifton Building 2661 Executive Co	on rations enter Circle
		rananassee, FL 32	2301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Sanshu</u>	ne Compan	son Case, UC
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	1
The Articles of Organization for this Limited Liability Company Florida document number <u>L 108000 983</u> 4		1 2010 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi		1
Enter new principal offices address, if applicable:	1610 B	arrancas Ave
(Principal office address MUST BE A STREET ADDRESS)	Pens	acola F1 32502
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		7:
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our reco e:	ords, enter the name of the new
		#
Name of New Registered Agent:		
New Registered Office Address:		- 10
	Enter Florida street aa	dress
		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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Remove
			□ Add
			œ □ <u>Re</u> move
			Change
			Change
			Remove
			□ Change

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)
_		
-		
_		
_		
_		
_		
_		
_		
_		
-		·
_		
-		
_		
		3
-		44
_		<u>→</u>
		ထ္
-		
(If an eff	ive date, if other than the date of filing:	g.) Pursuant to 605.0207 (3
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	on the earlier of:
Dated	Dec 6 2017	
	Signature of a member or Athorized representative of a member	
		,
	STACI MIRON	/
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00