

L11000055231

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000226671 3)))



H110002266713ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561) 626-4742
Fax Number : (561) 626-4742

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
11 SEP 15 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUNSHINE STATE CONDO RENTALS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 SEP 15 AM 8:35

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

B. BOSTICK

SEP 16 2011

EXAMINER

9/15/2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUNSHINE STATE CONDO RENTALS, 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 05/10/2011 and assigned
Florida document number L11000055231.

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:

New Registered Office Address:

Enter Florida street address

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

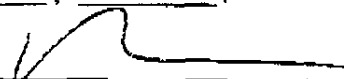
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	JEANNOT PLAMONDON	1350 Royale Street, Suite 1500 Trois-Rivieres, Qc, G9A 4J4, Canada	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	FADI ALAMI	1350 Royale Street, Suite 1500 Trois-Rivieres, Qc, G9A 4J4, Canada	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
11 SEP 15 AM 8:35
STATE OF FLORIDA
TALLAHASSEE

Dated SEPTEMBER 15, 2011



Signature of a member or authorized representative of a member
MICHAEL S. SINGER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00