## 112000011950

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



400222780104



RECEIVED

12 FEB 24 AM 8: 29

FILED SECRETARY OF STATE DIVISION OF CORPORNITIONS

FEB 2 7 2012 T. HAMPTON

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 02-24-2012

NAME: SUNSHINE BETTY LLC

TYPE OF FILING: ARTICLES OF AMENDMENT

**COST:** \$25

**RETURN:** 

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL/HD/DGI

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunshine I	Betty LLC	FEB
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		2 9
The Articles of Organization for this Limited Liability Company	y were filed on <u>01-25-12</u>	and assigned
Florida document number <u>L12000011950</u>		and assigned 6.
This amendment is submitted to amend the following:		ε.
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	, , ,	
Enter new principal offices address, if applicable:	4546 B10 El Camino R	eal #383
(Principal office address MUST BE A STREET ADDRESS)	Los Altos, CA 94022	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:	<u> </u>	
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:

2	<u>Name</u>	Address	Type of Action
<del></del>			Add Remove
			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add
amend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	v.)
			SECRE DIVISION 12 FEB
 1 <i>2</i>	1-22-12	For authorized representative of a member	EB 24 AM 8: 29

Page 2 of 2

Filing Fee: \$25.00