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Special Instructions to	Filing Officer:			
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MAY 22 2012

**EXAMINER** 



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## **COVER LETTER**

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TO:	Registration Se Division of Con						
CHRII	SUBJECT: SUNSHINE COAST HOLDINGS LLC  Name of Limited Liability Company						
SUBJI							
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:	,			
		AURELIO A PIEDRA					
			Name of Person				
		PIEDRA & COMPANY					
		Firm/Company					
		9100 SOUTH DADELAND BLVD STE 912					
			Address	·			
			MIAMI, FL. 33156				
		City/State and Zip Code					
For fur	ther information o	E-mail address: ( concerning this matter, please of	to be used for future annual report n	otification)			
. 01 141		oncoming the matter, prouse t	7411.				
		LIO A PIEDRA	at ( 305 )	671-0003			
	Name o	of Person	Area Code & Day	time Telephone Number			
Enclos	ed is a check for t	he following amount:					
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$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/COU Registration Se Division of Coi Clifton Buildin 2661 Executive Tallahassee, FL	porations g Center Circle				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AST HOLDINGS			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appear nited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	02/15/2012	and assigned	
Florida document numberL12000022182				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limite</u>	d liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "	LLC" or the ab	breviation
Enter new principal offices address, if applicable:			墨/4 大	
Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>			1 to all
			<u> </u>	Carrell County
Enter new mailing address, if applicable:			A PA	, Ti
(Mailing address MAY BE A POST OFFICE BOX)		11.		Manual Property of the Parket
			<u>త</u> ∰	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		our records, <u>enter</u>	the name of	the new
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 Type of Action <u>Address</u> Title Name MGR AARON ATTIAS 9100 SOUTH DADELAND BLVD Remove STE 912 MIAMI, FL. 33156 Remove DbA 🔲 Remove Add ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_ MAY 14 2012 Signature of a member of authorized representative of a member **AARON ATTIAS** Typed or printed name of signee

Page 2 of 2