LIAMONBASHS

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Cor					
THE DO	LLAR CENTRAL, L.L.C).			
SUBJECT:	Name of Lim	ited Liability Company	•		
				•	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	CHRISTIAN I. SIDN	IEY	-		
		Name of Person			
		Firm/Company			
	7527 TURTLE VIEV	V DRIVE			
		Address			
	RUSKIN, FLORIDA	33573			
		City/State and Zip Code		2015 FACE	
	francemartinique@ya	Ahoo.com to be used for future annual report notificati	ion)		
For further information c	oncerning this matter, please of	•	,	EB-4	OR SHARE
CHRISTIAN SIDN	EY	813 638-6322		PH 3	
Name o	f Person		lephone Number	12: 28 STATE LORIDA	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee .	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE DOLLAR CENTRAL, L.I		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on Mar 07, 2012	and assigned
Florida document number L12000032848	·	
This amendment is submitted to amend the follow	ing:	•
A. If amending name, enter the new name of the	ne limited liability company here:	
Sunshine Auto Shield, L.L.C		
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter ee address here:	the name of the ne
Name of New Registered Agent:		COLUMN TO THE PERSON NAMED IN COLUMN
New Registered Office Address:		
	Enter Florida street address	2 2 C
	, Florida	Zip Code
	, 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>ikic</u>	<u> </u>	<u>Audress</u>	t you of Action
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Effective date, if other than the date of file (The effective date must be specific, cannot be prior to the date this document is filed by the Florida Departs	date of receipt or filed date and cannot be more than 90 days after
Dated 28 Jan	_, <u>:2015</u> .
Dated 28 Jan Chistian	, <u>2015</u> . 2 déduce
Dated 28 Jan Christian Signature of	f a member or authorized representative of a member
Chisdia	f a member or authorized representative of a member

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' Filing Fee: \$25.00

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