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EXAMINER



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COVER LETTER				
TO: Registration Section Division of Corporations				
SUBJECT: Sinshine CAM LLC Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Nancy Ann Kimball Name of Person Sunshine CAM Firm/Company				
Sunshine CAM Firm/Company				
340 Cedar St.				
Englewood FC 34223 City/State and Zip Code				
E-mail address: (to be used for future annual report notification) Quahoo. Com				
For further information concerning this matter, please call:				
Name of Person at (941) 681-41) 7 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\frac{1}{2}\$30.00 Filing Fee \$\frac{1}{2}\$\$ Certificate of Status \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ (additional copy is enclosed)				

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

Sinshine CAm	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 120004693	were filed on 4512 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Sunshine CAM The new name must be distinguishable and end with the words "Limite" L.L.C."	LLC
Enter new principal offices address, if applicable:	340 Cedar St
(Principal office address MUST BE A STREET ADDRESS)	340 Cedar St Englewood, Fl 34223
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 here	
Name of New Registered Agent:	794) 757)
New Registered Office Address:	Enter Florida street address 7
	City Florida City Zip Gde T
New Registered Agent's Signature, if changing Registered Agent:	1 +: 2!
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608, F.S. Or, if this document is

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** Address Type of Action **Name** mgr Narcy Ann Kimble ☐ Add Remove MBR Add Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated gnature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00