

L13000 17/463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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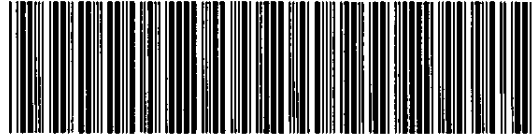
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 10 2015  
T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** SUNSHINE RE VENTURES DEVELOPMENT, 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:

GUY SHARON

Name of Person

SUNSHINE RE VENTURES DEVELOPMENT, LLC

Firm/Company

20900 NE 30TH AVE #514

Address

AVENTURA, FL, 33180

City/State and Zip Code

guy.shrn@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY SHARON

786 4061769  
at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$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/COURIER ADDRESS:**

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

**SUNSHINE RE VENTURES DEVELOPMENT, LLC**

(A Florida Limited Liability Company)

**This amendment is submitted to amend the following:**

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## Zip Code

## Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GUY SHARON	20900 NE 30TH AVE #514,	<input checked="" type="checkbox"/> Add
		AVENTURA, FL, 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TIGRIS ELINGUE S.A.R.L	1 RUE DES GLACIS	<input type="checkbox"/> Add
		L-1628 LUXEMBOURG	<input checked="" type="checkbox"/> Remove
		XX 00000 XX	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 06/04, 2015

GUY SHARON

Typed or printed name of signee

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