## 1300017/463

(	Requestor's Name)
(.	Address)
(.	Address)
(	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
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JUN 1 0 2015 T. HAMPTON

## COVER LETTER

Div	ișion of Cort	porations		
SUBJECT:		RE VENTURES DEVELOP	MENT, LLC	
SCIMBOT.	· · · · · · · · · · · · · · · · · · ·	Name of Lim	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		GUY SHARON		
			Name of Person	
SUNSHINE RE VENTURES DEVELOPMENT, LLC				
Firm/Company				
		20900 NE 30TH AVE #51	4	
		<del>-</del> ,	Address	
		AVENTURA, FL, 33180		
			City/State and Zip Code	
		guy.shm@gmail.com		
		E-mail address: (1	to be used for future annual repo	ort notification)
For further i	nformation co	ncerning this matter, please ca	all:	
GUY SHAF	RON		786 40617 at ( )	69
	Name of	Person		Daytime Telephone Number
Enclosed is a	a check for the	following amount:		
\$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section ...

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

SUNSHINE RE VENTURES DEVELOPMI	ENT, LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records. a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number £13000171463	Company were filed on 12/11/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		PE - 17
(Principal office address MUST BE A STREET ADDI	RESS)	APPL 80
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AM 9: 18 SEE.FLORID
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ridaZip Code
	City	гір Соае

## 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 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>	Address	Type of Action
MGR	GUY SHARON	20900 NE 30TH AVE #514,	<b>⊟</b> Add
		AVENTURA, FL, 33180	□ Remove
			☐ Change
AMBR	TIGRIS ELINGUE S.A.R.L	1 RUE DES GLACIS	□ Add
		L-1628 LUXEMBOURG	■ Remove
		XX 00000 XX	□ Change
<del></del>			
		·····	☐ Remove
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<del></del>			□ Add
			□ Remove
			□ Change

Effective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated  Only  Signature of a member or authorized representative of a member of the point of the poin	If amending any other information			
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f an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier. The 90th day after the record is filed.  Dated  Oblive  Signature of a member or authorized representative of a member.				<del> </del>
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	GUY SHARON			ST ST

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Filing Fee: \$25.00