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| Special Instructions to | Filing Officer:   | ļ         |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   | es.  |
|--|---|--|
| SUBJECT: Shady Sur<br>Name of  | Inshine LLC fLimited Liability Company  | <u>-</u>   |
| The enclosed Articles of Amendment and fee(s) are  | e submitted for filing.   |  |
| Please return all correspondence concerning this ma  | atter to the following:   |  |
|  | ler Stover Name of Person   |  |
|  |   |  |
| Shady.   | Sunshine LLC<br>Firm/Company  | · · · · · · · ·  |
|  |   |  |
| 1712 SW  | 2nd Ave PH4  Address  | <u> </u>   |
|  |   |  |
| Miami  | , FC, 33129   |  |
| tylerjoh:  | City/State and Zip Code  1 305@ gmail. Con  ess: (to be used for future annual report notifical | vion)  |
| For further information concerning this matter, plea   |   |  |
| Tyler Stover Name of Person  | at (784) 348 — Area Code Daytime Te   | 550 Y<br>Slephone Number   |
| Enclosed is a check for the following amount:  |   |  |
| \$25.00 Filing Fee \$\frac{100}{200}\$\$\$\$30.00 Filing Fee \$\frac{100}{200}\$\$\$Certificate of Statu | S55.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Shady Suns  | hine LLC  |  |
|---|---|--|
| (Name of the Limited L<br>(A F  | iability Company as it now appears on our recolorida Limited Liability Company) | rds.)                                  |
| The Articles of Organization for this Limited Liabil Florida document number <u>L 1400009</u>   | ity Company were filed on <u>6/18/</u><br>7678                                  | 14 and assigned                        |
| This amendment is submitted to amend the followir   | ng:   |  |
| A. If amending name, enter the new name of the  | limited liability company here:   |  |
| -   | , , , ,   | .LC" or the abbreviation "L.L.C."      |
| (Principal office address MUST BE A STREET A.   | DDRESS)   |  |
|   |   | Es T                                   |
| Enter new mailing address, if applicable:   |   | CREASE -                               |
| (Mailing address MAY BE A POST OFFICE BOX   | Ω   |  |
| •   |   | 77 72 1                                |
| B. If amending the registered agent and/or i  | registered office address on our recor  | ds, enter the tome of the new          |
| registered agent and/or the new registered office   | address here:   | · · · · · · · · · · · · · · · · · · ·  |
| Name of New Registered Agent:   | · · · · · · · · · · · · · · · · · · ·   | <del> </del>                           |
| New Registered Office Address:  |   | ······································ |
| This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabile. The new name must be distinguishable and end with the words "Limited Liabile."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office gistered agent and/or the new registered office address here:  Name of New Registered Agent: | Enter Florida street addre  | ess                                    |
| _   |   | lorida                                 |
|   | 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>:

MGR = Manager

| $\mathbf{AMBR} = \mathbf{A}_{\mathbf{I}}$ | uthorized Member |                                    |                |
|---|------------------|------------------------------------|----------------|
| <u>Title</u>                              | <u>Name</u>      | Address                            | Type of Action |
| AMBR                                      | Tyler Stover     | 1712 Sw 2nd Ane PHY Hiam: FL 33129 | KI Add         |
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| D. | f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |  |
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| Ε. | Cffective date, if other than the date of filing:   |  |
|    | Dated $\frac{2/30/14}{}$ ,  |  |
|    | 3hsh  |  |
|    | Signature of a member or authorized representative of a member                                    |  |
|    | Tyler Stover Typed or printed name of signee  |  |
|    | Typed or printed name of signee   |  |

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Page 3 of 3

Filing Fee: \$25.00