

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : CORP USA

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: (305)634-3694

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TRUST INVESTMENT GROUP SONSHINE, LLC.

Certificate of Status	0
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AUG 1 3 2015

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Trust Investment Group Sonshine LLC.
Name of Limited Limbility Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Educato E. Fuste

Name of Person

Trust Investment Group Sonshine, LLC.

Firm/Company

5690 SW 152 COURT

Address

Minni, FL. 33193

City/State and Zip Code

education

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

For further information concerning this matter, please call:

Educado E. Fuste at (305) 446-5662

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<=25.325.00 Filing Fee

S30.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trust duvestment	GROUP Sonshine, LLC.
(Name of the Limited Liability (A Florida Li	Company unit now appears un our records.) mited Liability Company)
	npany were filed on $04/33/20/5$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limiter	d liability company here:
The new name must be distinguishable and end with the words "Limits	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5690 5W 152 COURT SS) MODNI, FL. 33193
(Principal office address MUST BE A STREET ADDRE	SS) Mani, FL. 33193
Enter new mailing address, if applicable:	5690 SW 152 COURT Mismi, FL. 33193
(Mailing address MAY BE A POST OFFICE BOX)	Misni, FL. 33193
registered agent and/or the new registered office addres Name of New Registered Agent: New Registered Office Address:	red office address on our records, enter the name of the new
THEW ROOMS OF THE MEDITESS.	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the inplete performance of my duties, and I am familiar with and int as provided for in Chapter 605, F.S. Or, if this document is office address, I hereby confirm that the limited liability
;	If Changing Registered Agent, Signature of New Registered Agent
I	Page 1 of 3 CRETARY OF SAHASSEE, F.
	STATE ORID

		. <u> </u>	
ective date, if other than the date of fi effective date must be specific, cannot be prior to	o date of receipt or filed date an	d cunnot be more tha	(optional) n 90 days after
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effective date must be specific, cannot be prior to date this document is filed by the Florida Depart and September 208 / / 2-	o date of receipt or filed date an ment of State)		n 90 days after
effective date must be specific, cannot be prior to date this document is filed by the Florida Depart	o date of receipt or filed date an ment of State)		n 90 days after

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Filing Fee: \$25.00