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(Requestor's Name)	_	
, (Address)	_	
(Address)	_	
(City/State/Zip/Phone #)	_	
PICK-UP WAIT MAIL		
(Business Entity Name)	_	
(Document Number)		
Certified Copies Certificates of Status	_	
Special Instructions to Filing Officer:	7	

Office Use Only



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02/25/16--01020--003 **25.00

2016 FE 5 25 FM 12: 20

K.SALY EXAMINER FEB 29

COVER LETTER

Division of Corpo	rations		
SUBJECT: SUN	Shine Anti- Name of Limi	1948 & Colle	ectibles
The enclosed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Maria A	VareZ Name of Person	
		^	
		wner	
		Firm/Company	
	3957	S 45 highe	Jay 1
	Ft Pi	erce // 34 City/State and Zip Code	982
		City/State and Zip Code	ا مد د
	E-mail address: (t	69 C HO+ M4/L · Ce o be used for future annual report notific	eation)
For further information con	cerning this matter, please ca		,
Maria Name of F	Alvarer	at (<u>FY 6</u>) <u>65 9 - a</u> Area Code Daytime	2956 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:

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

FILED
2016 FEB 25 PH 12: 20
Above 20 PH 12: 20

Sunshine Antique	s & collectibles us ability Company as it now appears on our records.) orida Limited Liability Company)	SLLAH (SSFE. TLORID.
The Articles of Organization for this Limited Liabili	ity Company were filed on $1/28/2016$	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the Sunshine Antique The new name must be distinguishable and contain the words		e abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET Al		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or r registered agent and/or the new registered office		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Florida	
	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 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
OWNER and manyer	MAria Avarez	19815 Now 47 Ct Mi Ami gardens #133055	Add
			□ Remove
			Change
			🗖 Add
			Remove
			Remove Change Remove Change
			Remove.
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			🗖 Add
			_□ Remove
			_□ Change

. II ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Oli Mr. Make Suce He name (S
_	Corrected Synshine Antiques E' Collectibles
-	and Add MAria Alvanz As owner
-	
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	ive date, if other than the date of filing: (optional) ective 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 605.0207 (3)(t
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
, 1116	Sould day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
	Asignature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00