

LOT 000086950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

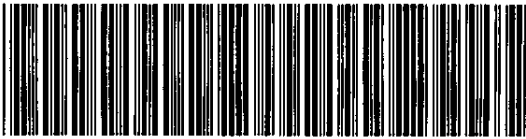
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

AUG 20 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2014

MYRIAM FLORES
CPA ACCOUNTING & TAX SERVICES
1813 N DEAN ROAD SUITE 104
ORLANDO, FL 32825

SUBJECT: SUNSHINE INTERNATIONAL CONSULTING LLC
Ref. Number: L07000086950

We have received your document for SUNSHINE INTERNATIONAL CONSULTING LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

Letter Number: 214A00012603

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DIVISION OF CORPORATIONS
FLORIDA

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11 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SUNSHINE INTERNATIONAL CONSULTING 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:

MYRIAM FLORES

Name of Person

CPA ACCOUNTING & TAX SERVICES

Firm/Company

1813 N DEAN ROAD SUITE 104

Address

ORLANDO, FLORIDA 32825

City/State and Zip Code

MYRIAM@CPAACCOUNTING.BIZ

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MYRIAM FLORES

Name of Person

at **(407) 382-6658**

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

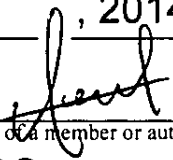
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 06-20-2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 20, 2014, 2014



Signature of a member or authorized representative of a member

ALVARO MELLADO

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA