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(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	(.
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M. MILLIGAN JAN 07 2019

COVER LETTER

TO: Amendment Section Division of Corporations

. . .

NAME OF CORPOR	ATION: SUNSHINE TAXS	SERVICE, LLC			
DOCUMENT NUMB	ER:				
	of Amendment and fee are su	bmitted for filing.			
Please return all corresp	oondence concerning this ma	tter to the following:			
	STEPHEN L OSTHEIMER				
-		Name of Contact Persor			
	SUNSHINE TAX SERVICE	, LLC			
-		Firm/ Company	_		
	7830 CORTEZ ROAD				
-	Address				
	BRADENTON, FLORIDA 3	4210			
-		City/ State and Zip Code	:		
sunshi	netaxservice@gmail.com				
-	-	sed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
STEPHEN L. OSTHE	MFR	9.11	761-8353		
		at () 761-8353 de & Daytime Telephone Number		
Name of Contact Person		Area Co	de & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:		
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
	ing Address	Street	Address		
	ndment Section		ment Section		
	ion of Corporations		n of Corporations		
	Box 6327 hassee, FL 32314		Building xecutive Center Circle		

Tallahassee, FL 32301



October 29, 2018

SUNSHINE TAX SERVICE, LLC STEPHEN L. OSTHEIMER 7830 CORTEZ ROAD WEST BRADENTON, FL 34210

SUBJECT: SUNSHINE TAX SERVICE, LLC

Ref. Number: L07000092718

We have received your document for SUNSHINE TAX SERVICE, 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Letter Number: 318A00022254

Michelle Milligan Senior Section Administrator

#13 DEC SC - 512 3: 24

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJ	ЕСТ:	unshine Tax	X Servi (1 I Liability Company	e, LLC	
The er	nclosed Articles of A	mendment and fee(s) are submit	ited for filing.		
Please	return all correspond	dence concerning this matter to	the following:		
		Stephe Sunshi	Name of Person	imer envice	LLC
		1830 Cor	tez Road	West	<u>.</u>
		Sunshinet	NFL 34. City/State and Zip Code AXSCVICE De used for future annual re	POMMI port notification)	1. com
For fu	rther information cor	ncerning this matter, please call:			
<u> </u>	Hephen Name of 1	Ostheimer	at (<u>UIQ</u>)	156 - E	3555 ne Number
Enclo	sed is a check for the	following amount: (All Y	ready part	$\overline{)}$	
□ S2	25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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 la	ux Senvic	e LLC
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on mited Liability Company)	our records <u>.</u>)
The Articles of Organization for this Limited Liability Com Florida document number <u>L 07 000927</u>		7/11/2007 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		201
(Principal office address MUST BE A STREET ADDRES	<u></u>	-0 0
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		25 6 TT C
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, enter 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MER	Mary Kucha	7830 Coxtez Road W	est_ Add
		7830 Coxtez Road W Bradenton, FL 3421	() Remove
			Change
			Remove
			Change
			🗆 Add
			Remove
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<u>_</u>			Add
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an effective of the contraction	date, if other than we date is listed, the dat the date inserted in the	te must be specific ar his block does not	nd cannot be prior to meet the applicabl			filing.) Pursuant	
ocument'	's effective date on t	the Department of	State's records.				
	d specifies a del Oth day after the			an effective ti	me, at 12:01 a	i.m. on the e	earlier of:
ated	Decemb	ur 18th	2018	1			
		1	() - M		•	⊋s,	2018
	Sty	Ohw D Signature of a	member or authoriz	zed representative	of a member	- <u>- </u>	930 B

Page 3 of 3

Filing Fee: \$25.00