# L07000117631

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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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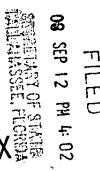
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Amendment L07-117631



N. CAUSSEAUX章章 SEP 1**2**2008

**EXAMINER** 

### **COVER LETTER**

TO:	"Registration Section
	Division of Corporations

SUNSHINE FLORIST, 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:

RENATO C · CARRASCO (Name of Person)

SUNSHING FLORIST, LLC (Firm/Company)

249 W. STATE RUAD 436, SUITE 1077

ALTAMONTE SPRINGS, FL 32714
(City/State and Zip Code)

For further information concerning this matter, please call:

TESS ENGELHARDT at (407) 830-7094
(Name of Person) (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

Registration Section

STREET/COURIER ADDRESS:

**Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 30, 2008 -

6. 23

RENATO C. CARRASCO SUNSHINE FLORIST, LLC 249 W. STATE ROAD 426, SUITE 1077 ALTAMONTE SPRINGS, FL 32714

SUBJECT: SUNSHINE FLORIST, LLC .

Ref. Number: L07000117631

We have received your document for SUNSHINE FLORIST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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) 245-6918.

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 508A00043866



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2008

RENATO C. CARRASCO (2ND MAILING) SUNSHINE FLORIST, LLC 249 W. STATE ROAD 436, SUITE 1077 ALTAMONTE SPRINGS, FL 32714

SUBJECT: SUNSHINE FLORIST, LLC

Ref. Number: L07000117631

We have received your document for SUNSHINE FLORIST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

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Letter Number: 508A00043866

Nanette Causseaux Document Specialist Supervisor

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSHINE FLOOR	ST. 1.10	SSE 2
SUNSHINE FLORIS  (Name of the Limited Liability Compa (A Florida Limited L	inv as it now appears on our records.) Liability Company)	PS E
The Articles of Organization for this Limited Liability Company Florida document numberL_07_000_117_63_/		27 Sand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	X/A	
If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter	the name of the new
	/	
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street a	ddress)
	. 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Title** <u>Address</u> Type of Action <u>Name</u> RENATO C. CARRASCU Remove MGRM TESS ENGELHARDT ☐ Add Remove ┌ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Signature of a member or authorized representative of a member CARRASCO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00