

L07000117631

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Amendment
L07-117631

N. CAUSSEAU

SEP 12 2008

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 SEP 12 PM 4:02

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 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)

SUNSHINE FLORIST, LLC
(Firm/Company)

249 W. STATE ROAD 436, SUITE 1077
(Address)

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

For further information concerning this matter, please call:

TESS ENGELHARDT
(Name of Person)

at (407) 830-7094
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 30, 2008

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.

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SUNSHINE FLORIST, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
08 SEP 12 PM 4:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on NOV. 26, 2007 and assigned
Florida document number L07000117631.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

N/A

☒ If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

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 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 Changing Registered Agent, Signature of New Registered Agent)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RENATO C. CARRASCO	364 LAKEWOOD COURT LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	TESS ENGELHARDT	1978 SHANNON LANE APOPKA, FL 32703	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

FILED
08 SEP 12 PM 1:52
CLERK OF SUPERIOR COURT
HAMILTON COUNTY, FLORIDA

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

Dated July 23, 2008

Renato Carrasco
Signature of a member or authorized representative of a member

RENATO CARRASCO

Typed or printed name of signee