

L 10000098345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

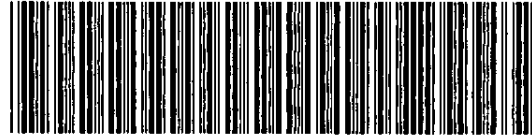
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 OCT 28 AM 8:54
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 27, 2013

STACI MIRON
116 GARFIELD DR
PENSACOLA, FL 32505

SUBJECT: SONSHINE ELDER CARE, LLC
Ref. Number: L10000098345

We have received your document for SONSHINE ELDER CARE, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 513A00020354

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sonshine Elder Care 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:

Staci Miron

Name of Person

Sonshine Elder Care

Firm/Company

116 Garfield Dr

Address

Pensacola FL 32505

City/State and Zip Code

sonshineeldercare@gmail.com please mail itll change

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

For further information concerning this matter, please call:

staci

Name of Person

at (850) 346-0352

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

RECEIVED
TALLAHASSEE, FLORIDA
13 OCT 28 AM 9:54
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sonshine Elder Care LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

This amendment is submitted to amend the following:

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

SONshine Companion Care, LLC

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)

116 Garfield DR

Pensacola FL 32505

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Sonshine Companion Care, LLC

4900 Bayou Blvd 107

Pensacola FL 32503

B. 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:

New Registered Office Address:

4900 Bayou blvd

Enter Florida street address

Pensacola

Florida 32503

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.

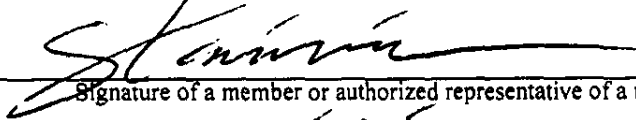
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Page 2 of 3

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

Dated OCT 7 2012



Signature of a member or authorized representative of a member

Staci Miron

Typed or printed name of signee

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Filing Fee: \$25.00

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