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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sunshine Kids Consignments LL 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:	
Tanya Davis Kroge Name of Person	
Sunshine Kids Consignments Li	LC
6717 MarBella Lane	
Naples FL 34/05 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Tanya Davis Krage at (239) 877 - 9663 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Status Solution Sta	

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

TO ARTICLES OF ORGANIZATION OF

Junshine Kids Consignments LLC	
(Name of the Limited Liability Company as Trow appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	∍d
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Sun Burst Kids Consignments LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C"	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C	7."
Enter new principal offices address, if applicable:	·
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:	the nev
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	: -
, Florida 📆 💳	
City	:
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 a provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume.	nd

If Changing Registered Agent, Signature of New Registered Agent

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.

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** ☐ Remove _ 🗆 Add _□ Remove _ Add ☐ Remove _□ Add ___ Remove □ Add ☐ Remove □ Add _____ □ Remove

•	
F Fffer	tive date, if other than the date of filing: (optional)
(The ef	fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	ate this document is filed by the Florida Department of State)
Date	1 8/7/14 august 7, 2014
Date	,
	Figures a. Wykes
	Signature of a member or authorized representative of a member
	Tanas A In Vas
	Frances A. Wykes Typed or printed hame of signce

Page 3 of 3

Filing Fee: \$25.00

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